ON

CUTANEOUS DISEASES.

VOL. I.

CONTAINING

ORD. I. PAPULÆ.
ORD. II. SQUAMÆ.
ORD. III. EXANTHEMATA.
ORD. IV. BULLÆ.

BY

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INTRODUCTION.

A SYSTEMATICAL account of Cutaneous Diſeaſes will, I flatter myſelf, be acceptable to the public, ſince it is generally acknowledged that the arrangement, deſcription, and treatment of them, form a part of medical ſcience which has not been ſufficiently cultivated. Few of the writers after Avicenna have given any information, on this ſubject, from their own obſervation and experience. They appear chiefly ſolicitous to aſcertain the affinities between the Cutaneous complaints deſcribed by the Greek, Roman, and Arabian Phyſicians, whoſe accounts, being often brief and indefinite, admit of different interpretations. We are, however, indebted to antient authors for the nomenclature of diſeaſes, and for a valuable ſtock of pathological obſervations; I think it therefore proper to give a ſummary view of

what they have done, before I communicate my own ideas on the ſubject.

The Greek Phyſicians afford a tolerably diſtinct account of Phlegmone, Eryſipelas, Herpes, and their varieties; and of the local tumours denominated Phyma, Anthrax, Phygethlon, Dothien, Epinyctis, Terminthus, Ionthos, &c. Reſpecting the formidable diſeaſe termed Elephantiaſis, they have given a minute and elaborate ſtatement. The Alphos, Leuce, and Melas, are ſometimes deſcribed by them in connexion with Elephantiaſis, and ſometimes conſidered to be diſtinct diſeaſes. By the terms Cnesmos, Lichenes, Pſora, and Lepra, they denote another ſeries of complaints more ſtrictly cutaneous, which, though diſſimilar in their form and progreſs, are arranged under the ſame genus, from a theoretical view of their cauſe. The Greeks have been very particular in deſcribing external diſeaſes of the head; but they miſlead us, by applying new names to the ſame diſeaſe in different ſituations, or in different ſtages of its progress. This will appear from comparing their accounts of Pityriaſis, Ceria, Achores, Meliceris, Melitagra; Exanthemata, Helcydria, and Pſydracia Capitis; Sycoſe and Lichenoſe tubercles of the chin; Madaroſis, Milphoſis, Ptiloſis, Alopecia, and Ophiaſis. Of the diſeaſes of the eyes, teeth, and gums; of Aphthæ and other affections of the tongue; of Po-

lypi,

PAGE NO- III MISSING IN ORIGINAL

4. Of Chærades, or Struma, their account is very ſlight and partial.

Celſus, Pliny, Marcellus, and other Roman authors, in copying the Greek accounts of Cutaneous Diſorders, have only changed ſome of their terms, without materially improving the ſubject. Under Impetigo, as a generic title, Celſus appears to comprize the ulcerated Pſora, the ſcaly Pſora, and perhaps the Lepra of the Greeks, with ſome other diſſimilar affections. He conſtitutes a genus Vitiligo, including the Alphos, Leuce, and Melas. Under the titles of Papula, and Ignis ſacer, he has deſcribed the Lichenes and Herpes of the Greek writers; and he includes their Alopecia and Ophiaſis under the general term Area. Of the Scabies he has given a more particular account than what we find in preceding writers.

The Arabian phyſicians are ſomewhat more diffuſe in their accounts of Cutaneous Diſeaſes than either the Greeks or Romans. It may not be amiſs to remark that the Latin tranſlations of their works are extremely erroneous *. They divide the external complaints of the head into Alrâba (Cruſta lactea), Alavirati (Pity-

* Dr. Robert Jackson, who is well versed in the Arabic language, has favoured me with a correct English translation of all the Chapters in Avicenna relating to Cutaneous Diseases.

riaſis),

riaſis), Alſahara, or the dry Sahafati (Porrigo), and Alſirenghi, the moiſt or ulcerated Sahafati (Cerion) of infants. Balkyati and Alvatin they repreſent as obſtinate forms of the Sahafati extending to other parts of the body. They have alſo particularly deſcribed the diſeaſes of the hair, and ſeveral ſpecies of baldneſs.—Their Alguada or Alauzah, Albohak, and white Albaras, are the Alphos, Melas, and Leuce of the Greeks. Aljuddam or Aljuzam is the Elephantiaſis. Yſagro and Alkouba are the Scaly Tetter and Ringworm. The title black Albaras ſometimes denotes the rough, thickened ſtate of the ſkin in Elephantiaſis, but is, on other occaſions, applied to the Scaly Tetter, and Lepra Græcorum. Some of the Arabian writers are further of opinion that the Yſagro, Alkouba, and black Albaras, do not materially differ from the dry Sahafati.

Theſe authors are the firſt who deſcribe the Meaſles (Blactie and Alhaſbat), and the Nettle-raſh, two varieties of which are denominated by them Eſſera, and Benat Al-Leili, or Daughters of the Night. They have alſo given the firſt account of the Small-pox (Aljidri). Under the title Jerab, they deſcribe a complaint ſimilar to the Scabies of Celſus, diſtinguiſhing it from Haket, which anſwers to the Lichen and Cneſmos mentioned in Greek authors. Al-Haſef ſeems to comprehend Miliary eruptions, and the Prickly

Heat.

Heat.—It may be obſerved that the Arabian term Bothor does not only denote Puſtules, but alſo Wheals, Papulæ, Bullæ, Veſicles, and Tubercles.

The Arabians have exactly copied the Greek accounts of the Anthrax (Jemret), and Eryſipelas. They term the laſt Almeſire, and diſtinguiſh it with great accuracy from Phlegmon. To the ſpecies of Herpes (Nemlet, or the Ant) they add the Nar Al-Parſi, or Perſian Fire; and they have comprized the Phyma, Phygethlon, Bubon, and Terminthus of the Greeks under a generic term, Althouin. The affection denominated Sare, ſeems to be the Epinyctis. Aldemenul is the Greek Dothien, or Boil. Of the Scrophula they have given a more enlarged account than the Greek writers; and they mention the ſwelling of the throat, which ariſes from an enlargement of the thyroid gland, under the title Botium.

They have alſo noticed a variety of local appearances, which it will be ſufficient at preſent to mention; Nemiſh (Ephelis); Baraſſen (Lentigines); Alguaſſem (Livores); Alcola (Aphthæ), Aleſirati (Rhagades,) Alhaſaph (Intertrigo), Aſec (tubera), Alcoalib and Luteſula (Verrucæ), Miſmar (Clavus), Alcahas (Paronychia), Aſalha (Lupia), and Albedſſanem, which comprehends red ſpots of the face, and ulcerations, from cold, on the extremities.

It

It is not here neceſſary to review the modern writers on Cutaneous Diſeaſes, as I ſhall make frequent references to them in the courſe of this work. They not only give various interpretations of the accounts left us by the antients, (page 1.) but have perverted the ſenſe of many paſſages, eſpecially in the Greek authors. They employ the ſame terms in very different ſignifications. They alſo make artificial, and often inconſiſtent arrangements, ſome reducing all the diſeaſes under two or three genera, while others, too ſtudious of amplification, apply new names to different ſtages or appearances of the ſame complaint. Thoſe who attempt to theorize on the ſubject are ſeldom clear and ſatisfactory; but, even ſhould the praiſe of ingenuity be due to ſome of their ſpeculations, little approbation would, I apprehend, be given to plans of claſſifying diſeaſes founded on hypotheſis, not on ſymptoms or characteriſtic appearances.

In a ſyſtematical Treatiſe on Cutaneous Diſeaſes, we ſhould endeavour;

1. To fix the ſenſe of the terms employed, by proper definitions.

2. To conſtitute general diviſions or orders of the diſeaſes, from leading and peculiar circumſtances in their appearance; to arrange them into diſtinct genera; and to deſcribe at large their ſpecific forms, or varieties.

3. To claſs and give names to ſuch as have not been hitherto ſufficiently diſtinguiſhed.

4. To ſpecify the mode of treatment for each diſeaſe.

To complete adequately a plan ſo extenſive muſt be conſidered an undertaking of much difficulty; and perhaps exceeding the powers of any individual. My own obſervations are principally founded on the Cutaneous Diſeaſes occurring in London, and its vicinity. I intend, however, to compare them with the accounts of ſimilar complaints in antient and modern writers.— In order to convey diſtinct ideas on the ſubject, I have elucidated every genus by coloured engravings repreſenting ſome of it's moſt ſtriking varieties. This method is new, and will be attended with many advantages, though at the ſame time ſubject to ſeveral imperfections. Such drawings cannot ſufficiently repreſent the various degrees of opacity and clearneſs in Puſtules or Veſicles, nor the quantity or quality of the matter diſcharged from ſuperficial ulcerations; nor can they extend to every minute circumſtance in the courſe of a diſeaſe, being uſually taken near its acmè. The engravings, as auxiliaries to the verbal deſcription, will, however, be found uſeful in exhibiting the number, form, ſize, and colour of Papulæ, Puſtules, Tubercles, Spots, &c. appearances which cannot always be clearly communicated in words.

It is proper here to mention that an outline of my plan for the arrangement and description of Cutaneous Difeafes, formerly prefented to the Medical Society of London, was honoured with the Fothergillian Gold Medal for the year 1790. I beg leave to exprefs my obligation to the Society for this diftinguifhed teftimony of their favour; and fhall think myfelf happy, if the more enlarged view which I fhall now endeavour to give of the fubject, fhould afford fatisfaction to them, and to the publick.

Confiftently with the principles above laid down, I proceed, in the firft place, to define the fenfe of feveral technical terms employed in the following pages.

DEFINITIONS.

I. SCURF (Furfura); ſmall exfoliations of the cuticle, which take place after slight inflammation or irritation of the ſkin, a new cuticle being formed underneath during the exfoliation. PL. I. Fig. 1.

II. SCALE (Squama); a lamina of morbid cuticle, hard, thickened, whitiſh and opaque; PL. I. Fig. 2. Scales have at firſt the figure and extent of the cuticular lozenges, but they afterwards often increaſe into irregular layers, denominated CRUSTS, Fig. 3. Both Scales and Cruſts repeatedly fall off, and are reproduced in a ſhort time.

III. SCAB; a hard ſubſtance covering ſuperficial ulcerations, and formed by a concretion of the fluid diſcharged from them. Fig. 4.

IV. STIGMA; a ſmall bright red ſpeck in the ſkin, without any elevation of the cuticle. Stigmata are generally diſtinct or apart from each other. When they coaleſce, and aſſume a dark red, or livid colour, they are termed PETECHIÆ. Fig. 5.

V. PA-

V. PAPULA; a very ſmall and acuminated elevation of the cuticle, with an inflamed baſe, not containing a fluid, nor tending to ſuppuration. Fig. 6. The duration of Papulæ is uncertain, but they terminate for the moſt part, in Scurf.

VI. RASH (Exanthema), conſiſts of red patches on the ſkin, variouſly figured, in general confluent, and diffuſed irregularly over the body, leaving interſtices of a natural colour. Portions of the cuticle are often elevated in a raſh, ſo as to give the ſenſation of an uneven ſurface. The eruption is uſually accompanied with diſorder of the conſtitution, and terminates, in a few days, by cuticular exfoliations. Three different forms of Raſhes are exhibited in PL. I. Fig. 7.

VII. MACULA; a permanent diſcolouration of ſome portion of the ſkin, often with a change of it's texture, but not connected with any diſorder of the conſtitution. Fig. 8.

VIII. TUBERCLE; a ſmall, hard, ſuperficial tumor, circumſcribed, and permanent, or proceeding very ſlowly to ſuppuration. The general ſize and appearance of Tubercles is repreſented PL. I. Fig. 9.

IX. WHEAL; a rounded, or longitudinal elevation of the cuticle, with a white ſummit, hard but not per-

manent, not containing a fluid, nor tending to suppuration.

X. VESICLE (Vesicula); a small, orbicular elevation of the cuticle, containing lymph, which is sometimes clear and colourless, but often opaque, and whitish, or pearl-coloured. Fig. 12. Vesicles are succeeded either by Scurf, or laminated Scabs.

XI. BLEB (Bulla); a large portion of the cuticle detached from the skin by the interposition of a transparent watery fluid. Fig. 10. Soon after the water is discharged, the excoriated surface is covered with a flat, yellow, or blackish Scab, which remains till a new cuticle is formed underneath. Both Vesicles and Blebs, when they have a dark-red, or livid base, are by medical and chirurgical writers, denominated PHLYCTÆNÆ. See Fig. 11.

XII. PUSTULE; an elevation of the cuticle, with an inflamed base, containing pus. Pustules are various in their size, but the diameter of the largest seldom exceeds two lines.

Some forms of Pustules have been distinguished by specific appellations; as

1. PHLYZACIUM; a Pustule of the size represented in PL. I. Fig. 13. raised on a hard circular base, of a vivid

vivid red colour. It is ſucceeded by a thick, hard, dark-coloured Scab.

2. Psydracium; a minute Puſtule, irregularly circumſcribed, producing but a ſlight elevation of the cuticle, and terminating in a laminated Scab. Fig. 14. Many of theſe puſtules uſually appear together, and become confluent. After the diſcharge of Pus, a thin watery humour exudes, which often forms an irregular incruſtation.

3. Achor; an acuminated Puſtule of intermediate ſize between the two foregoing, which contains a ſtraw-coloured matter, having the appearance, and nearly the conſiſtence of ſtrained honey. Fig. 15. It appears moſt frequently about the head, and is ſucceeded by a thin brown or yellowiſh ſcab.

4. Cerion, or Favus: this puſtule is ſomewhat larger than the Achor, and contains a more viſcid matter; it's baſe is but ſlightly inflamed, and it is ſucceeded by a yellow, ſemi-tranſparent, and ſometimes cellular Scab, like a honeycomb; Fig. 16.

I pro-

I propoſe to arrange Cutaneous Diſeaſes in eight Orders, to be characterized by the different appearances of Papulæ, Scales, Raſhes, Bullæ, Veſicles, Puſtules, Tubercles, and Maculæ. By comparing together the 2d, 5th, 6th, 7th, 8th, 10th, 11th, and 12th Definitions, the diſtinguiſhing characters of each Order may be readily underſtood. They will alſo be further illuſtrated in treating of the Orders reſpectively.

ORDER I.

PAPULÆ.

PAPULÆ, as defined page 9, are generally considered to be enlargements of the Papillæ of the skin, made by a strong determination of blood to them, with some degree of inflammation. Medical writers, however, use the word Papula in various significations. By Marcellus *, and Scribonius Largus, herpetic vesicles, achores, and vari, are termed Papulæ. Pliny † includes under this title, wheals, miliary eruptions, and petechiæ. Professor Lorry, and others, apply it to wheals, superficial tubercles, and pustules ‡. Plenck, in his

* Marcell. de Medic. c. 4. & 19. Scribon. De Comp. Med. cap. 23 & 98.

† Hist. Nat. LIB. XX. cap. 20. L. XXVI. c. 11. L. XXVIII. c. 17, &c.

‡ Compare Manard. Ep. Med. 7. Fernel. Pathol. L. VII. C. 1. Tagault. Chirurg. L. I. Cap. 2. Lommii Med. Obs. L. II. Sennert. Pract. Med. L. V. Part 1. Cap. 21. Plater. de Superf. Corpor. dolorib. Cap. 17. Hafenreffer De Cutis Affectib. L. I. Cap. 15. Theod. Corbeii Patholog. L. II. Sect. 5.

Doc-

Doctrina de Morbis Cutaneis, Clafs. V. has defined Papulæ as follows; "Sunt tumores exigui fed duri, qui vel refolvuntur, vel ex apice quid humidi ejiciunt, et dein defquamantur:" yet he comprehends in the clafs feveral difeafes, which do not agree with the definition, and which are little related to each other, as Vari, Grutum feu Milium, Herpes, Cutis anferina, Tuberculum, Phygethlon, Lepra, Elephantiafis.—Some limitation of the fenfe of the term Papula is therefore neceffary. In defining it (DEF. V.) I have followed Sauvages and Linnæus *, to whofe definitions if we ftrictly adhere, the prefent Order will only comprize the three genera, Strophulus, Lichen, and Prurigo.

I. The STROPHULUS is a papulous eruption, peculiar to infants, and exhibiting a variety of forms, which may be defcribed under the titles of Strophulus intertinctus, Strophulus albidus, Strophulus confertus, Strophulus volaticus, Strophulus candidus.

1. Strophulus intertinctus, ufually called, The Red Gum, and by the French, Efflorescence benigne. The Papulæ characterizing this affection, rife fenfibly above the level of the cuticle, are of a vivid red

* Papula: Phyma parvulum, desquamari solitum. Sauvages's Nosol. Method.

Papula est tuberculum farctum, coloratum, vix suppurandum. Linn. Nosolog. See Celsus de Medicin. Lib. V. Cap. 27. § 18.

colour,

colour, and ufually diftinct from each other; PL. II. Their number and extent is very different in different cafes. They appear, moftly, on the cheeks, fore-arm, and back of the hand, but they are fometimes diffufed over the whole body. The Papulæ are, in many places, intermixed with Stigmata (DEF. IV), and often with red patches of a larger fize*, which do not, however, occafion any elevation of the cuticle. A child's fkin, thus variegated, fomewhat refembles a piece of red printed linen; and hence this eruption was formerly denominated the RED-GOWN †, a term which is ftill retained in feveral counties of England, and may be found in old Dictionaries. Medical writers have changed the original word for one of a fimilar found, but not more fignificant.

* Infantum cutis plerumque eruptione quâdam inducitur, nutricibus nostris dictâ, the Red Gum, rubrum gummi. Et hic quidem morbus, qui infantulorum proprius est, per glandulas quæ miliares nominantur, se largè profert, modo latis pustulis, modo mirè exiguis, rubroque colore conspicuis. Russel Œconom. Natur. in Morb. Gland. Page 42. See PL. II.—Compare Etmuller Valetudinar. Infantil: cap. 2. § 2.—G. W. Wedel de Morb. Infant. purpurat.—Wirtzung, Prax. Med. univers. P. I. Cap. 1. § 3.—Brouzet sur l'Education des Enfans, P. 187.—Allen's Synops. Medicin. Vol. II. Pag. 285, and Fuller on Eruptive Fevers. Pag. 128.

† Redde-Gowne, Strophulus; a sicknesse of young children. Hulœt's Dictionary, 1572. See also Rider's Dictionary, Oxf. 1589; Holyoke's, and Littleton's Dictionaries, Lond. 1606 and 1678.

In the Strophulus intertinctus, a few ſmall Veſicles (DEF. X.) containing ſtraw-coloured lymph, may be occaſionally obſerved on the wriſt or back of the hand, but they ſcarcely merit attention, as the fluid diſappears in a ſhort time, without breaking the cuticle. The eruption uſually terminates in Scurf, though not at any certain period: the Papulæ, and red patches, in ſome caſes, remain for a conſiderable time, without any obvious alteration; in other caſes, they diſappear and come out again daily: but, for the moſt part, one eruption of them ſucceeds another, at longer intervals, and with more regularity.

This complaint occurs chiefly within the two firſt months after birth. It is not always accompanied with, or preceded by, any diſorder * of the conſtitution, but often takes place in the ſtrongeſt and moſt healthy children. Some authors connect it with the aphthous † ulcerations

* "I am inclined to think that the Red Gum is generally preceded by "sickness at stomach; but this is so common to new-born infants, that "little notice is taken of it by the nurses. Where the sickness has been "more considerable, I have generally found it followed and removed by "a copious eruption of the Red Gum." Dr. John Sims.

† Actuar. Meth. Med. L. IV. C. 14. Myreps. De Compos. Med. § 38. Cap. 119, 120.

Infantulorum Aphthæ ejusdem opinor sunt naturæ cum illis eruptionibus quæ vocantur the Red Gum; et in hâc re solum discrepant, quod ut alter

ulcerations peculiar to infancy, ſuppoſing them to be a part of the ſame diſeaſe, diffuſed along the internal ſurface of the mouth and inteſtines: The fact however is, that the two affections alternate with each other; for thoſe infants who have the papulous eruption on the ſkin are leſs liable to Aphthæ; and when the Aphthæ take place extenſively, the ſkin becomes pale and free from eruption.

The Strophulus intertinctus is, by moſt writers, ſaid to originate from an acidity, or acrimonious quality of the milk in a child's ſtomach, which is communicated afterwards to the blood, and ſtimulates the cutaneous excretories. This opinion might, without difficulty, be proved to have little foundation; but in a work of this kind I do not think it ſo neceſſary to theorize concerning diſeaſes, as to deliver a faithful account of their ſymptoms, and external appearances. I ſhall therefore only obſerve, that the prediſpoſition to the complaint may be deduced from the delicate and tender ſtate of the ſkin, and from the ſtrong determination of blood to the ſurface, which evidently takes place in infants; and that the papulous eruption is, in many caſes, connected with a weak, irritable ſtate of the alimentary

alter morbus cutem, ità hic glandulas internas infestat. Russel Œconom. Natur. in Morbis Glandular. Page 57.

 canal,

canal, and consequent indigestion. For if it be, by any means, suddenly repelled from the surface, diarrhœa, vomiting, spasmodic affections of the bowels, and often general disturbance of the constitution succeed: but on it's re-appearance, those internal complaints immediately cease. Dr. Armstrong and others * have particularly noticed this reciprocation, which makes the Red Gum, contrary to the opinion generally entertained respecting it, sometimes a very dangerous complaint. On these remarks a necessary caution is founded, not to expose infants, with the eruption upon them, to a stream of very cold air, nor to plunge them into a cold bath, the most violent symptoms, and even fatal consequences, having occasionally resulted from such imprudent conduct.

* Armstrong on the Diseases of Children, p. 30. Smellie Coll. 47. vol. III. Dr. Underwood, Vol. I, p. 82.—Cum secretiones quæ post aures et per inguina, &c. perficiuntur, cumque eruptio dicta the Red Gum ex toto evanescit, tum secretiones per glandulas tubi alimentarii quotidiè augeri incipiunt.—Infans acidis ructibus affligitur, cibum vomendo rejicit; intestina flatibus distenduntur: strangulationes in gutture, ut in mulieribus hystericis percipiuntur; sonitu quovis inopinato contremiscit. In maribus, vestimentis exutis, tam circa testiculos, quam oculos quoque et os, color tanquam plumbeus cernitur; dormienti penis erigitur; e somno sæpe contractis fortiter pugnis excitatur; oculos uno in loco figit, intenditque; et si quidem alvus durior sit, sæpe motibus epilepticis, sæpe convulsivis corripi solet. Russel Œconom. Natur. p. 45.

With

The uſual mild appearance of the Strophulus intertinctus, being conſiſtent with a healthy ſtate of all the functions of the body, requires but little attention from medical practitioners. They should, however, direct nurſes to keep a child's ſkin clean, and to promote equable perſpiration, by daily ablutions with tepid water, which are useful in moſt Cutaneous diſorders, and which will be found, in other reſpects, of material importance to the health of infants *.

Some further conſiderations are requiſite where the eruption is more obviouſly connected with a morbid ſtate of the ſtomach and bowels †. In this caſe very much depends on proportioning the aliment to the digeſtive powers ‡; and, with a view to invigorate them, ſuch modes of exerciſe muſt be employed, as can be conveniently borne by infants. When the eruption has been repelled from the ſkin by the application of cold water, by aſtringent lotions, or by an improper expoſure to cold air, and when violent internal diſorder is the conſequence (page 20), a warm bath proves the moſt effectual remedy: it preſently relieves the urgent ſymptoms, and often brings back the eruption §.

2. In

* Aet. Tetr. I. Serm. 4, cap. 3.

† See Russel Œconom. Nat. p. 46.

‡ Paul. Ægin. L. I. cap. 5.

§ Dr. Armstrong observes, "In this complaint I have seen the warm "bath

2. In the STROPHULUS ALBIDUS, which is by fome termed the White Gum *, the eruption confifts of numerous, minute, hard, whitifh fpecks, a little elevated, and furrounded by a very flight rednefs. Thefe fpecks, or Papulæ, when their tops are removed, do not difcharge any fluid: it is, however, probable, that they are originally formed by the depofition of a fluid, which afterwards concretes under the cuticle. They appear chiefly on the face, neck, and breaft, and continue a long time. The mode of their diftribution on the face is reprefented, PL. III.

The Strophulus albidus fometimes takes place without any diforder of the conftitution; but it is at other times attended with the fymptoms enumerated, Page 20-1, and requires the medical treatment there recommended.—Although a diftinctive name has been applied to this eruption, when occurring alone, I have obferved, in a great number of cafes, that red patches and Papulæ were intermixed with it, a circumftance which eftablifhes its affinity with the Strophulus intertinctus.

3. STROPHULUS CONFERTUS. An eruption of numerous Papulæ, varying in their fize, appears on different

" bath of essential service, and very good effects from a blister." He has exemplified the practice by a very striking case.

* Dr. Underwood, VOL. I. p. 81.

parts

parts of the body in infants, during dentition*, and has thence been denominated the Tooth Rafh: It is fometimes alfo termed, the Rank Red Gum.

About the fourth or fifth month after birth, an eruption of this kind takes place, in moft infants, on the cheeks, and fides of the nofe, extending fometimes to the forehead and arms, fometimes, though lefs frequently, to the trunk of the body. The Papulæ on the face are fmaller, and fet more clofely together, than in the Red Gum; PL. IV. Fig. 1. Their colour is not fo vivid, but they are more permanent. They terminate at length in Scurf; yet, perhaps fome days afterward, a frefh eruption appears in the fame places.—The Papulæ on the back or loins are much larger, and more diftant from each other, than thofe on the face. They are often furrounded by an extenfive circle of inflammation; and a few of them contain a femi-pellucid watery fluid, which is abforbed when the inflammation fubfides.

In the feventh or eighth month, the Strophulus confertus often exhibits one, two, or three, large irregular

* Multi sunt infantes quibus ad singulas dentitionis periodos irritatio lichenas (i. e. papulas) exteriùs protrudit. Lorry de Morb. Cutan. p. 245. See also Etmuller Dissert. 10. § 32.—It is to be observed that Dr. Armstrong applies the denomination of Tooth Rash to the Crusta lactea. On the Diseases of Children, Pag. 34.

clufters

clufters of Papulæ, which are inflamed, hard, of a confiderable fize, and fet fo clofe together, that all the intervening fkin is of a high red colour. The fore-arm is the ufual feat of this eruption, the Papulæ rifing firft on the back of the hand, and gradually extending upwards along the arm, PL. IV. Fig. 1. Sometimes, however, the clufters appear on the fhoulder, or neck; and, at other times, the eruption commences at the elbow, and proceeds a little way, both upward and downward, on the outfide of the arm: It arrives at it's height in about a fortnight: the Papulæ then begin to fade, and become flat at the top: afterward the cuticle exfoliates from the part affected, which remains discoloured, rough, and irregular, for a week or two longer.

A very obftinate and painful modification of this diforder occafionally takes place on the lower extremities. The Papulæ fpread from the calves of the legs to the thighs, nates, loins, and round the body, as high as the navel: being very numerous and clofe together, they produce a continuous rednefs over all the parts above-mentioned. The cuticle prefently becomes fhrivelled, cracks in various places, and finally feparates from the fkin in large pieces. During this procefs a new cuticle is formed, notwithftanding which, the complaint recurs in a fhort time, and goes through the fame courfe as before. In this

manner

manner ſucceſſive eruptions take place, during the courſe of three or four months; and perhaps do not ceaſe till the child is one year old, or ſomewhat more*. Children neceſſarily ſuffer great uneaſineſs from the heat and irritation occaſioned by ſo extenſive an eruption; yet, while they are affected with it, they often remain free from any internal or febrile complaint. This appearance ſhould be diſtinguiſhed from the Intertrigo of infants, which exhibits an uniform, red, ſmooth, ſhining ſurface, without papulæ; and which affects only the lower part of the nates and inſide of the thighs, being produced by the ſtimulus of the urine, &c. with which the child's clothes are almoſt conſtantly wetted †.

When the Strophulus confertus appears in a healthy child, it is moſtly aſcribed to a ſtate of indigeſtion, or ſome feveriſh complaint, in the mother or nurſe: I have, however, frequently ſeen the eruption where no

* Compare Dr. Underwood, Vol. I. p. 98.

† Nurses or servants, in order to avoid the trouble of washing, hastily dry the cloths wetted with urine, and apply them again while rough and impregnated with the urinary salts. These cloths are very irritating to the skin, and greatly aggravate any eruptive complaint, with which the child, who wears them, may be affected.—Medical practitioners should caution young mothers against the above slovenly practice in nurseries.

fuch caufe for it was evident. It may, with more propriety, be ranked among the numerous fymptoms of irritation, arifing from the inflamed and painful ftate of the gums in dentition, fince it always occurs during that procefs, and difappears foon after the firft teeth have cut through the gums. On this view, the eruption requires no confideration in medical practice beyond the general treatment proper for the ftate of teething. Great attention to cleanlinefs is, however, requifite, and I would recommend that the parts affected fhould be often wafhed with warm milk and water, or thin gruel. I may obferve further, that we fhould carefully diftinguifh the Strophulus confertus from the Meafles, or Scarlatina; and that we fhould not be too hafty in ordering a child to be weaned, at the commencement of the eruption, on a fuppofition of ill health in the mother or nurfe.

4. The STROPHULUS VOLATICUS is characterized by fmall, circular patches, or clufters, of Papulæ, which appear fucceffively on different parts of the body. The number of Papulæ in each clufter is from three to ten, or twelve: both the Papulæ and their interftices are of a high red colour. Thefe patches continue red, with a little heat or itching, for about four days, when they turn brown, and begin to exfoliate. The eruption is, in many cafes, limited to two or three

 patches

patches on the arms, or cheeks. In ſome inſtances, however, as one patch declines, another appears at a ſmall diſtance from it, and in this manner the complaint ſpreads gradually over the face, body, and limbs, not terminating in leſs than three or four weeks. During that time the child has uſually a quick pulſe, and a white tongue, and is uneaſy and fretful.

The above complaint has been, by ſome writers, denominated Ignis volaticus infantum*: I think it, how-

* Sauvages's account of the Ignis volaticus, or Erythema volaticum, though very incorrect, is deserving of notice. Nosol. Med. Tom. I. p. 139. ERYTHEMA VOLATICUM; MACULÆ VOLATICÆ Sennerti; ÆSTUS VOLATICUS; vulgo FEU VOLAGE. Pueri lactentes non rarò erythemata habent in facie, pertinacia, constantia, intensè rubra, uniformia, circularia, monetæ minoris magnitudine, circa genas, labia; in maculæ centro non rarò vidi foramen fuscum, siccum.

Si hæ maculæ evadant crustosæ, an sunt quid diversum a Crustâ lacteâ? Sennertus se nunquam vidisse fatetur, atque maculas ori, oculis, auribus vicinas, pro lethalibus habendas profert, quod a vero aberrare docet Verducius. Hujus desideratur accurata historia: si calore, dolore careat, ad guttam roseam attinet. Quas vidi crustosæ non erant, unde a Crustâ lacteâ differebant.

Sauvages has not mentioned the papulous elevations in the patches. The foramina, fusca, sicca, observed by him, may be accounted for as follows: When the tops of the Papulæ are abraded, by rubbing or scratching them, a discharge of lymph takes place from the small openings, which presently concretes into brown or blackish concave scabs.

 ever,

ever, proper to remark, that, under this title, Astruc * and Lorry † have defcribed one of the forms of the Crufta lactea, in which a fucceffive eruption of Puftules (Achores, DEF. X.) takes place on the fame part, mostly about the eyes, or mouth, in children at different ages, and fometimes in adults. The Maculæ volaticæ infantum, mentioned by Wittichius, Sennertus ‡, and Sebizius §, agree in fome refpects with the Strophulus volaticus; but they are defcribed by other German phyficians as a fpecies of Eryfipelas, or as irregular efflorefcences affecting the genitals of infants, and often proving fatal.

The Strophulus volaticus is not, as many authors have ftated, an unufual complaint. Thofe children are liable to it, who have a fair and irritable fkin. I have fometimes obferved it between the third and fixth month, but, I think, more frequently at a later period of dentition. In one inftance, it occurred about ten days after birth, and continued three weeks, being

* Astruc De Morb. Inf. page 44.

† Lorry, Part I. Sect. 2. Art. 3. De Morb. Cutan. Compare Sauvages De Tineâ volatica, vel Igne volatico: Nosol. Med. Tom. II. p. 579.

‡ L. V. p. 3. Sect. 1. cap. 6. See also Act. Nat. Cur. Tom. IV. & VIII.

§ Spec. Med. Pract. Part V. cap. 32.

gradually

gradually diffuſed from the cheeks and forehead to the ſcalp, afterwards to the trunk of the body, and to the extremities: when the patches exfoliated, a red ſurface was left, with a ſlight border of detached cuticle, as repreſented on the wriſt, PL. IV. Fig. 2.

This eruption being ſometimes connected with a diſorder of the ſtomach and bowels, it becomes requiſite to adminiſter a gentle emetic, or ſome laxative medicine; after which the decoction of Peruvian Bark will be found uſeful. No external application ſeems neceſſary.

5. Strophulus candidus. In this form of Strophulus the Papulæ are larger than in any of the foregoing ſpecies. They have no inflammation round their baſe, and their ſurface is very ſmooth and ſhining, ſo that they appear to be of a lighter colour than the adjoining cuticle. They are diffuſed, at a conſiderable diſtance from each other, over the loins, ſhoulders, and upper part of the arms: I have not obſerved them in any other ſituation.

This eruption affects infants above a year old, in the latter periods of dentition: it likewiſe occurs during the ſtate of convaleſcence after Fevers, and Inflammation of the bowels or lungs. The Papulæ continue hard

hard and elevated for about a week, then gradually ſubſide and diſappear. Their ſize, and diſtribution are repreſented, PL. IV. Fig. 3.

Papulæ of this kind ſometimes appear on the loins of children, with an eruption of the Strophulus confertus in the form deſcribed page 24-5.

Few obſervations have been left, by the antients, reſpecting the papulous eruptions above deſcribed. Moſt of the Greek Phyſicians comprehend Strophulus, and the Cruſta lactea, with ſome other Cutaneous Diſeaſes peculiar to infants, under the denomination of Εξανθηματα παιδιων. Aëtius has diſtinguiſhed the Εξανθηματα, or Papulous eruptions, from Veſicles and Puſtules*; and has laid down the mode of treatment proper for them reſpectively. He recommends that a child, affected with Papulæ, ſhould be waſhed with a decoction of roſes, tamariſk, pomegranate-rind, or myrtle, giving a caution againſt the uſe of ſalt-water and urine, which were, at that time, favourite remedies in eruptive complaints.

The different forms of Strophulus, and ſome other Cutaneous Diſorders, are comprized by the Arabian

* Μοχθηρα τροφη χρησαμενα τα νηπια διαφοροις περιπιπτει νοσημασιν, ὡςε συν αλλοις, και εξανθηματα, και φλυκταινας, και καθυγρα ἑλκη κατα την επιφανειαν γιγνεσθαι ἁ καλεσι βυβασικα, και ἑτερα παραπλησια. Aet. Δ.

writers

writers under the general title Bothor of Infants *. Theſe eruptions are, in their opinion, of the ſame nature, and referable to the ſame cauſes † as Aphthæ, which they term Bothor of the Mouth. The method of treatment preſcribed by them, in ſuch caſes, is ſingular. As ſoon as any Papulæ appear, they direct that the child ſhould be expoſed to the ſteam of a veſſel full of boiling water, with a view to derive the morbid humour to the ſurface of the body ‡.

* Hujusmodi Bothor aliæ sunt albæ, aliæ rubræ, aliæ nigræ, aliæ magnæ, aliæ parvæ, et multæ, et paucæ; aliæ fortis et acuti doloris, et mortiferæ. Rhazes de Morbis Infantum, cap. 19, et Alsaharav. Pract. cap. 25.

Est cum in corpore infantum accidunt Bothor: sed quod ex eis ulcerosum est et nigrum, est mortale. Quod autem est album, est sanius, et similiter rubeum. Avicen. L. I. Fen. 2. Doctr. 3. cap. 3.

† Causæ vero in universum sunt, corruptio lactis, cum ejusdem malitiâ; vel ex eo quod non digeratur lac in ventriculo. Alsaharav. cap. 25.

‡ Curatio universalis est ut rectificetur lac nutricis; et ponatur sub puero olla plena aquâ calidâ, in principio apparitionis pustularum, ut attrahat superfluum humorem ab interioribus ad corporis superficiem. Rhazes de Morb. Infant. cap. 19, et Alsaharav, loc. cit.

ORDER

ORDER I.

II. LICHEN.

In the writings of Hippocrates, the term Lichen, or Lichenes, is employed to expreſs an eruption of Papulæ. According to Foesius, Œconom. Hippoc. Λειχην eſt ſummæ cutis vitium, ut ψωρα et λεπρα, cum aſperitate et levi pruritu; deterius quidem Pruritu, Pſorâ autem et Leprâ levius. Lichenes inter exanthemata recenſentur, Hipp. Prorrh. 2. ut et cutis fœditates et vitia cenſentur potius quam morbi (Lib. περι παθων;) neque abſimili modo Lichenes corporis profundum vitioſis humoribus in cutem erumpentibus expurgant; Aph. 20. L. III. Sic etiam τα λειχηνωδεα εξαιρομενα, Lichenes tuberoſi, turgentes, et in tumorem ſublati, hoc eſt, cum puſtulis et papulis dicuntur. L. IV. Epidem.

The later Greek authors extend the uſe of this term farther, comprehending under it, beſides the

ſimple

ſimple and the rank * Lichen, a puſtular affection of the face ſometimes called Sycoſis †, and likewiſe the Mentagra‡, a contagious diſeaſe, which is ſaid not to have appeared in Europe before the reign of Claudius Cæſar.

Celſus, under the denomination Papula, has comprized the Lichen agrius, and another form of Lichen. De Medicinâ, Lib. V. Cap. 28 §.

Pliny, in one paſſage, (Nat. Hiſt. L. XX. Cap. 1.) ſeems to uſe the term Lichen as ſynonymous with the Impetigo of the Latins. He is, however, inconſiſtent with himſelf, ſince, in other places, he employs theſe terms to expreſs different diſeaſes. The only author to whom we can refer for a definition of Impetigo is Celſus; and his account of it does not, in any reſpect, correſpond to that which the Greeks have given of

* Λειχην ἁπλυς και λειχην αγριος. Galen. Introduct.

† Λειχηνωδων ογκων παθος. Aet. Tetrab. II. 4. 16. Oribas. Lib. III. C. 57. or συκωσις, according to Galen, De Comp. Med. sec. loc. Lib. V.

‡ Actuar. L. VI. C. 6. Aet. Tetrab. II. 4. 16. Marcellus De Medicinâ, C. 19. Plin. Hist. Nat. L. XXVI. Plin. de Re Medic. II. 56.

§ See Gorræi Defin. Med. p. 361. Ingrassias de Tumor. Tr. I. C. 1. Tagaultii Inst. Chirurgiæ, Lib. I. Cap. 2. Bonacursius de Malis extern Cap. 36.

the Lichenes *. All the tranflators of the Greek medical writers have, neverthelefs, ufed Impetigo as fynonymous with the original term Lichen; and their example has been followed by many refpectable authors on the fubject of Cutaneous Diforders †.

The Lichen has alfo been arranged under other genera of difeafe, with which it has ftill lefs affinity than with Impetigo. Thus Sauvages ‡ defcribes it under the title of Herpes farinofus; and Lorry § con-

* The real relation between the Lichen or Papula, and Impetigo, is stated by Celsus, L. V. C. 28, where he says, "that the Papula agria, "through neglect or improper treatment, is often changed into Impetigo." This observation is confirmed by experience; but it does not authorize us to confound those two diseases, nor to employ the terms expressing them indiscriminately.

† Joubarti interpretatio Dictionum Guidonis de Cauliaco, p. 26. Amat. Lusitan. Curat. Med. p. 155. Fernel. Patholog. VII. 6. Manard. Ep. Med. 7. Plater. tom. III. p. 675. Lommius in Obs. Med. II. Fœs. Œcon. Hippoc. Plenck De Morb. Cutan. p. 86.

‡ Nosol. Method. De Herpete. See also Bertrandi, Opere Anatomiche. T. IV. Articulo 11.

§ Tertia [Lichenum] species sæpe cum fundo miscetur herpetico, unde sublatis qui primo apparuerant Lichenibus, in verum Herpetem mutatur. Lorry de Morb. Cut. p. 150, 244, and 349. Compare Heurnius Comm. in Hipp. Cap. 20. L. III. Etmuller. Colleg. Pract. pag. 525.

founds

founds both Lichen and Impetigo with Herpes. Platerus, Corbey, and Hafenreffer* arrange Lichen under the genus Scabies. Some others apply this term ſolely to expreſs the Mentagra of the Latins†. Mercurialis‡, who denies the affinity of that diſeaſe with the Lichenes, repreſents the latter as a puſtular complaint, ſimilar to the Scabies deſcribed by Celſus, or to the Al-kouba of the Arabians.

Amidſt ſo much confuſion, it becomes difficult to fix the proper ſignification of the word Lichen. I have before obſerved that Hippocrates employs it to denote an eruption of Papulæ § on the ſkin. He certainly did not

* Plater. Praxis III. 17. Hafenreff. De Cut. Affect. I. 15. Corbeii Pathol. Lib. II.

† Gab. Fallop. De Ulcerib. Cap. 25. Schenkii Obs. 417, &c.

‡ Mercurialis De Morb. Cut. L. II. Cap. 6.

§ Lichenum nomen apud Hippocratem universaliter sumitur pro endemicâ cutis efflorescentiâ, únde mirum videtur et parum diligens, ab interpretibus nomen illud per Impetiginem reddi. Sed in hisce morbis magnam nominum confusionem reperimur. Unde Lichenes a Græcis ipsis parum intellectos, ab Arabibus, ut mihi saltem videtur, prætermissos pro depuratione cutis particulari habebimus, cujus nobis ideam exhibere possunt eruptiones illæ quæ Gallis dicuntur, Dartres farineuses. Lorry de Morb. Cutis, p. 243. See Poupart Traitè des Dartres, p. 5.

not include under this denomination any puſtular diſeaſe, ſince, in the 20th Aphoriſm of the third book, he mentions, diſtinctively, Lichenes, and Εξανθησιες ἑλκώδεες, or ulcerating efflorefcences, conjointly with ſome other diſeaſes peculiar to the ſpring ſeaſon.

I think, therefore, we may eſtabliſh an uſeful diſtinction in Cutaneous Diſorders, if, in conformity to the original ſenſe of the word, the Lichen be defined, an extenſive eruption of Papulæ affecting adults, connected with internal diſorder, uſually terminating in Scurf; recurrent; not contagious.

The varieties of this eruptive diſeaſe, which have occurred to my obſervation, I propoſe to deſcribe under the titles, Lichen ſimplex, Lichen pilaris, Lichen circumſcriptus, Lichen agrius, Lichen lividus, and Lichen tropicus.

1. The LICHEN SIMPLEX uſually commences with head-ach, fluſhing of the face, loſs of appetite, general languor, and a quick, unequal pulſe. Diſtinct red Papulæ, with but little inflammation round their baſe, ariſe firſt about the cheeks and chin, or on the arms;

M. Lorry's observation with regard to the Arabian physicians, is not correct. The Lichen is noticed by Serapion, Breviar. Tract. V. cap. 2. et 4. where he has literally translated the observations of Paulus Ægineta on Lichen, Psora, and Lepra.

in

in the courſe of three or four days a diffuſe eruption of ſimilar Papulæ takes place on the neck, body, and lower extremities, attended with an unpleaſant ſenſation of tingling, which is ſomewhat aggravated during the night. In about a week, the colour of the eruption fades; and the cuticle ſeparates in Scurf. All the ſurface of the body remains, for a long time, rough and ſcurfy, but the roughneſs is moſt obſervable in the flexures of the joints; PL. V. Fig. 1. The duration of the complaint is ſeldom in any two caſes alike: fourteen, ſeventeen, twenty, or ſometimes thirty days intervene betwixt the eruption, and the renovation of the cuticle.

The febrile ſtate, or rather the ſtate of irritation, at the beginning of this diſorder, is ſeldom conſiderable enough to confine the patient to the houſe: after remaining five or ſix days, it is generally relieved on the appearance of the eruption.

Some difference is obſervable in the form of the Papulæ, on different parts of the ſurface of the body. On the face they are large, and rounded, and more permanent than in other ſituations: they are ſmall, acuminated, and of a vivid colour, on the neck, breaſt, and extremities: on the hands they have the leaſt redneſs, and ſometimes reſemble obſcure watery veſicles, but they exfoliate without any diſcharge of fluid.

This,

This, as well as ſome other ſpecies of the Lichen, occurs annually about the beginning of ſummer, or in autumn, in perſons of a very weak and irritable conſtitution. Delicate women, ſubject to violent pains in the ſtomach, and head, are often relieved from theſe complaints during ſeveral months, after an eruption of the Lichen ſimplex*. It is likewiſe a ſequel, or criſis, of ſome acute diſeaſes, particularly Fever, and Catarrhal, or Peritoneal inflammation. The inſtances collected by Sauvages, Noſol. Method. Claſſ. X. Ord. 5. under the article, Scabies critica, are deſerving of attention.

* A case of this kind is recorded by Hoffman, tom. IV. part 5. p. 411. but under the title of Purpura chronica scorbutica.

Honesta fœmina, tenera ac macilenta, L et aliquot annos nata, naturæ sensibilioris, animique ad excandescentiam proclivis, per octo circiter annos, semel vel bis in anno, Purpurâ corripi suevit chronicâ, ita ut nonnunquam per unius vel duorum mensium spatium eâdem laboraverit. Enimverò quoties novus imminebat insultus, per intervalla, alia atque alia jungebantur symptomata, ut ferè sunt virium imbecillitas, capitis dolor cum aurium tinnitu, anxietas præcordiorum cum spirandi difficultate, somnus parcus et interruptus, pulsuum cum celeritate juncta debilitas, alternans cum frigore æstus, et insignis extremorum pruritus. Quam primum vero materia purpuracea, cum aspredine cutis, et papulis, ab interioribus ad exteriora erat propulsa, invicem ista placabantur symptomata, quandoque tamen, licet mitiùs, repetebant.

Compare Act. Nat. Cur. tom. VIII. p. 349.

I have

I have had occaſion to notice the following deviations from the uſual form and courſe of the Lichen ſimplex.

1. The Papulæ, in ſome inſtances, appear and diſappear repeatedly, without producing Scurf.

2. The eruption is often partial, affecting only the arms, neck, or face *.

3. There are, in many caſes, ſucceſſive eruptions and exfoliations of the Papulæ, by which the duration of the complaint is prolonged for two or three months.

4. The febrile ſymptoms preceding it differ in degree in different caſes: and ſometimes the eruption appears ſuddenly, without any manifeſt diſorder of the conſtitution.

This ſpecies of Lichen is often miſtaken for the Meaſles, Scarlatina, or other diſeaſes of the Order Raſhes. By attending to the fifth and ſixth Definitions, and to the courſe of the ſymptoms, ſuch errors may be avoided. It is not ſo eaſy to diſtinguiſh Lichen from Scabies (the Itch); but I ſhall endeavour

* Poupart, Traitè de Dartres, p. 234. Quelquefois ce ne sont que des inegalitès qui paroissent de differentes grandeurs sur la peau, tantôt a un endroit, tantôt a l'autre. Quelquefois ces inegalitès sont accompagnées ou produites par de tres-petits boutons rouges, qui blanchissent souvent en peu de jours, et qui font tomber l'epiderme en petites écailles blanches.

to

to point out their characteristics, when I treat of the latter disorder.

The Strophulus intertinctus differs from this affection by the vivid redness of its Papulæ, by the intermixture of diffuse red patches among them, and by being peculiar to infants, whereas the Lichen mostly occurs in adults. The other species of Strophulus are distinguishable from it by the colour of the Papulæ, and by the mode of their distribution.

2. Lichen pilaris. This is only a modification of the foregoing species, and, like it, often alternates with complaints of the head or stomach, in irritable habits. The peculiarity of the eruption consists in this, that the small tubercles or asperities appear only at the roots of the hairs of the skin, PL. V. Fig. 1. being probably occasioned by an enlargement of their bulbs, or an unusual fulness of the blood-vessels distributed through them. This affection may be distinguished from the cutis anserina by its permanency, by its red Papulæ, and by the troublesome itching or tingling which attends it. If a part thus affected be violently rubbed, some of the Papulæ enlarge to the size of Wheals, but the tumour very soon subsides. The eruption continues more or less vivid for about ten days, and then terminates by small cuticular exfoliations

tions round the hairs of the ſkin. The Lichen pilaris is connected with diſorders of the ſtomach and bowels: I have often ſeen it in perſons accuſtomed to drink largely of ſpirituous liquors undiluted.

3. In the LICHEN CIRCUMSCRIPTUS, the Papulæ are arranged in cluſters, or patches, which are of an irregular form, but with a well-defined margin. The patches appear, in ſucceſſion, on the limbs, or trunk of the body. Some of them which are ſmall, and nearly circular, PL. VI. Fig. 3. A. A. remain a week, or two, without much alteration; others extend gradually, with a papulated border, into large oval, and ſometimes angular forms, till they coaleſce, or interſect each other: B. B. The ſurface within the borders of the dilating patches ſoon becomes even, but appears ſlightly red and ſcurfy. In ſome caſes, before the Scurf is removed, a new ſeries of Papulæ ariſes, and terminates in new exfoliations. Thus, by repeated eruptions the complaint may be continued for ſix or eight weeks. It is at firſt attended with ſlight febrile ſymptoms, which, however, ceaſe in a day or two, and no uneaſineſs remains but an occaſional itching in the patches.

The Lichen circumſcriptus is excited both by internal and external cauſes of irritation: it ſometimes

appears in adults, during the progreſs of Vaccine Inoculation, and may be conſidered as a proof that the virus has ſufficiently acted on the conſtitution.

Caſſius Felix, and Ingraſſias *, have deſcribed this annulated form of the Lichen as follows; "Naſcuntur Lichenes, rotundo ſchemate, in ſuperficie cutis, cum ingenti pruritu et aſperitate; atque ubi ad malum ſerpere incipit Serpigo dicitur."

4. The Lichen agrius is preceded by nauſea, pain in the ſtomach, head-ach, loſs of ſtrength, and deep-ſeated pains in the limbs, with fits of coldneſs and ſhivering; which ſymptoms continue ſeveral days, and are ſometimes relieved by the papulous eruption. The Papulæ are diſtributed, in great numbers, without any certain order, chiefly on the arms, the upper part of the breaſt, the neck, face, back, and ſides of the abdomen: they have a high red colour, and are ſurrounded by extenſive inflammation, or redneſs of the ſkin, (PL. V. Fig. 2.) attended with itching, heat, and painful tingling. When the patient becomes warm in bed, the redneſs increaſes; and there is a ſtrong ſenſation of burning and ſmarting, for an hour or more, as

* De Tumorib. præt. nat. Tract. I. Cap. 1. Compare Celsus, De Medic. L. V. Cap. 28.—See below, Pag. 48.

if

if the parts had been ſeverely ſcalded. The ſame effect is produced at any time by waſhing, eſpecially if ſoap be uſed; alſo by violent exerciſe, or by drinking wine. In the morning, the Papulæ ſubſide, the inflammation in a great meaſure diſappears, and no uneaſineſs is felt till after dinner, unleſs it be excited by the above-mentioned, or by other ſimilar cauſes. Some ſmall veſicles, filled with a ſtraw-coloured fluid, are occaſionally intermixed with the Papulæ. Theſe ariſe diſperſedly on the arms, about the roots of the hair, on the forehead or temples, and often on the fingers, but they ſoon dry, and exfoliate.—By a long continuance, or by frequent returns, of the heat and redneſs, the ſkin is at length altered in its texture, becoming harſh, thickened, choppy, and exquiſitely painful on being rubbed or handled.

The duration of this complaint, and the modes of its termination, are very uncertain. It ſometimes continues four or five weeks without any material change in its appearance: ſometimes it has an earlier termination by ſlight exfoliations of the cuticle: but in moſt inſtances, the eruption appears and diſappears repeatedly, before the diſeaſe is removed. It may alſo, by improper applications, be ſuddenly repelled from the ſurface of the body. This incident is always ſucceeded by violent diſorder of the conſtitution. I have

obſerved, in one or two caſes, where it was occaſioned by imprudent expoſure to cold, that an acute diſeaſe enſued, with great heat and thirſt, an accelerated pulſe, frequent vomiting, pains in the bowels, head-ach, and delirium. After theſe ſymptoms had continued ten days, or ſomewhat longer, the patients recovered, though the eruption did not return.—The uneaſy ſenſation of itching and tingling, at the commencement of the diſorder, leads many perſons to rub the affected parts too harſhly, and thereby to produce fiſſures, or excoriations, with a conſiderable diſcharge of watery fluid. At an advanced period of the eruption, ſimilar effects take place from the violence of the cutaneous inflammation, without external injury. The ulcerated ſurface cannot, in either caſe, be readily healed by medicinal applications *.

The diffuſe redneſs connecting the Papulæ, and the tendency to excoriation, diſtinguiſh the Lichen agrius, from the Lichen ſimplex, and from the other varieties of Lichen, in which the inflammation does not extend beyond the baſes of the Papulæ, and which terminate in Scurf or Scales, (DEF. I. II.)

The patient affected with the Lichen agrius, whoſe arm is repreſented PL. V. Fig. 2. was a female about thirty-ſix

* Thus Jul. Poll. Onomasticon. Λειχην αγριος, τραχυς, δυσιατος, ανωμαλος.

years

years of age, having a dark complexion, dark hair, and a coarſe ſkin. During the year 1793, ſhe had often complained of pains in the head and ſtomach, with a ſenſe of depreſſion and faintneſs. Theſe ſymptoms were occaſionally troubleſome to her till the ſpring of 1794, when they were ſuddenly relieved by an appearance of numerous red, tingling Papulæ on the arms, and wriſts. A ſimilar eruption appeared, about ſix weeks afterward, on the upper part of the breaſt, and on the back, extending to the loins. In all theſe ſituations, if any of the Papulæ ſubſided, and became ſcurfy, freſh ones preſently appeared: they were always moſt red, and tingling at night; in the morning, they were leſs inflamed, and leſs troubleſome. The redneſs or inflammation round the Papulæ was greateſt, and moſt diffuſe, in the flexures of the elbows, where the ſkin was alſo interſected with rhagades, or chops, as the plate exhibits. After taking powders compoſed of cinnabar and nitre, with an infuſion of the tops of juniper, for two or three weeks, the eruption wholly diſappeared. It returned, however, on the arms, within a month; and in autumn ſome perſon perſuaded her to undergo a mercurial courſe, which kept her in a ſtate of ſalivation for a conſiderable time. During this proceſs her ſkin was free from the eruption: but as ſoon as the effects of the mercury had ceaſed, her arm was again covered

with

with numerous Papulæ, more painful, and tingling than before. At the beginning of the year 1795, in a ſevere froſt, the eruption aſſumed a puſtular form. The Puſtules were ſmall, hard, inflamed, and in many places confluent. The ulcerations ſucceeding them were partially covered with blackiſh ſcabs, but continued to diſcharge a watery fluid for ſeveral months, and did not wholly heal till the end of the year. Since that time ſhe has been much affected with pains of the limbs, head-ach, languor, and indigeſtion. Theſe complaints are from time to time removed in conſequence of the appearance of Papulæ on the arms, and other parts of the body: but the eruption does not return at any ſtated periods, nor is it ſo permanent as formerly.

It may be obſerved that women are much more liable than men to the Lichen agrius; and that it eſpecially affects thoſe who have undergone long continued fatigue, watching, and anxiety. In men the complaint often originates from the intemperate uſe of ſpirituous liquors.

According to Galen, " The Lichen is a roughneſs " of the ſkin, attended with much itching *." He has noticed two forms of the diſeaſe; but his deſcription

* Definitiones Medicæ.

applies

applies rather to their final appearances, than to the primary eruption *. All the Greek Phyſicians mention the frequent tranſition of the Lichen into Pſora and Lepra. According to my own obſervation, the Lichen ſimplex, Lichen pilaris, and Lichen circumſcriptus, occaſionally terminate in the Scaly Tetter or Pſora, but the Lichen agrius, after repeated attacks, terminates in a chronic puſtular diſeaſe, analogous to the ulcerated Pſora (Page iii.) or to the puſtular form of Impetigo, mentioned by Celſus, Lib. V. 28.

Paulus Ægineta, and Oribaſius, remark that the Lichenes agrii only differ from the ſimple Lichen in violence, the former not being relieved but rather aggravated by the applications uſually made to the latter †. Aetius mentions an orbicular form of the Lichen ‡, and he has diſtinguiſhed the rough Lichenes

* Διτίον δε ειδος λειχηνος, ὁ μεν ἡμερος κ̀ πραυτερος· ὁ δε αγριος κ̀ χαλεπωτερος. Αφιςανται δε επι τυλων κ̀ λεπιδες τȣ δερματος, κ̀ ὁ ὑπο τας λεπιδας τοπος ενερυθεςερος, και εγγυς ἡλκωμενȣ φαινεται. Isagoge, Cap. 13.—Compare Gal. De Comp. Med. sec. loc. L. V. C. 4. Oribas. Synops. VII. 49. Paul. Ægin. IV. 3. Actuar. Med L. II. C. 2.

† Αγριȣς δε καλȣσι λειχηνας, τȣς ὑπο των μετριως ξηραινοντων ȣδεν ονιναμενȣς, ὑπο δε των σφοδρως, παροξυνοντας.
Paul. Æg. de Re Med. L. IV. Cap. 3. Oribas. ad Eunap. L. III. C. 57.

‡ Tetrab. IV. Serm. I. Cap. 134.

(Λειχην,

(Λειχηνες τρηχεις) from the inflamed Lichenes (Λειχηνες φλεγμαινοντες*). The inflamed ſort agrees with the Lichenes agrii of Paulus and Oribaſius, and with the complaint to which I have given the ſame denomination †.

Celſus, under the title Papula, has deſcribed, with preciſion, the Lichen circumſcriptus, and Lichen agrius: "Papularum verò duo genera ſunt. Alterum eſt in quo per minimas puſtulas cutis exaſperatur, et rubet, leviterque roditur; medium habet pauxillò levius; tardè ſerpit; idque vitium maximè rotundum incipit, eâque ratione in orbem procedit. Alterum eſt quam αγριαν Græci appellant; in quâ ſimiliter quidem, ſed magis, cutis exaſperatur, exulceraturque, ac vehementiùs et roditur, et rubet, et interdùm etiam pilos remittit.—Quæ minus rotunda eſt difficiliùs ſaneſcit; niſi ſublata eſt in Impetiginem vertitur ‡.

Thoſe who are affected with the Lichen ſimplex, Lichen pilaris, and Lichen circumſcriptus, ſhould

* Aet. Tetrab. I. Serm. I. Compare Oribas. Med. L. V. Cap. 10.

† See Leonicen. de Morbo Gallico; Ingrassias de Tumor. pr. nat. Tr. I. Cap. 1. Amat. Lusit. Cur. 29. Cent. III. et Sennertus, Pract. Med. L. V. i. 30.

‡ Cels. de Medicinâ, Lib. V. Cap. 28. §. 18.

avoid

avoid heating themſelves by much exerciſe, or by ſtimulants, and ſhould take light nutriment, mild cooling liquors, and occaſionally ſome gentle laxative. Waſhing with warm water, or thin gruel, relieves the itching and irritation of the ſkin.

The ancients recommend that the parts affected ſhould be rubbed every day with the ſaliva of a perſon faſting *, which contributes to allay the painful ſenſation of tingling. All ſtrong external applications is improper. In ſome caſes, where the Lichen was miſtaken for the Itch, I have ſeen diſagreeable conſequences produced by applying ſulphureous and mercurial ointments, or aſtringent lotions.

In the Lichen agrius it is uſeful to give, at intervals, two or three moderate doſes of calomel as a purgative, and afterwards, for ſome weeks, the vitriolic acid, three times a day, in the infuſion of roſes, or with a decoction of Peruvian bark. Any ſharp, or ſtimulating application made to the ſkin, when rough, inflamed, and choppy, very much aggravates the complaint, and produces an intolerable ſmarting. The troubleſome heat, and itching, may be alleviated by mild, cooling ointments, as by

* Galen. de nat. fac. L. III. Aet. Tetr. I. Serm. 2. Cap. 109. P. Æg. L. VII. Cels. L. V. 28. See also, Mercurial. II. 17. Sennert. V. 1, 30. Plater. III. 17.

litharge-plaſter ſoftened with oil of almonds, the unguentum roſatum * (Ph. Lond. vet.), or the white-roſe pomatum ſold by perfumers. If this complaint has terminated in obſtinate ſuperficial ulcerations, (Page 44) a different plan becomes requiſite, the particulars of which will be hereafter delivered, under the article Impetigo.

5. LICHEN LIVIDUS. The Papulæ in this eruption are of a dark red, or livid hue, and ſomewhat more permanent than in the foregoing ſpecies of Lichen. They appear chiefly on the arms, and legs, but ſometimes extend to other parts of the body. They are finally ſucceeded, though at very uncertain periods, by ſlight exfoliations of the cuticle; after which a freſh eruption uſually takes place, and in this manner the complaint is prolonged for ſeveral months. The eruption is not attended with fever. It principally affects perſons of a weak conſtitution, who live on a poor diet, and are engaged in laborious occupations. Young perſons, and even children, reſiding in confined ſituations, or uſing little exerciſe, are alſo ſubject to the Lichen lividus; and in them the Papulæ are inter-

* See Quincy's Dispensatory.

The best rose pomatum is imported from Paris, and is made with the petals of the white rose.

mixed with Petechiæ (DEF. V.) or with larger purple patches, and Vibices. This circumſtance points out the affinity of the Lichen lividus with the Purpura* or Land-ſcurvy; and the connection is further proved by the ſimilarity of exciting cauſes. The ſame method of treatment is likewiſe ſucceſsful in both caſes.

* Amatus Lusitanus (Cur. Med. 22. Cent. II.) has given the case of an old man affected with an eruption of livid Papulæ on the arms, hands, and legs, arising, in his opinion, from a putrescent state of the blood. "Senex Abenasar, 65 annos natus, boni habitûs, et sanguineus, quum "Maii tempore veste pellibus fulcitâ vestiretur, et coturnis ac ocreis ex "suberis cortice paratis calciatus incederet, scabiosus ille aeris ac ves-"tium caliditate, de pedum nimio calore querebatur, ità ut intra crepidas "eos continere non posse sæpe inculcaret. Huic igitur calore extraneo "affecto, et jecur supra modum calefactum habenti, repentè papulæ "quædam nigerrimæ manus precipuè, et brachialia, ac pedum astragulam "inficientes supervenere, quæ naturâ suâ pruriebant, et carnem corro-"debant, utpotè ex sanguine superassato et atrabiliario reddito ortum "trahentes; cui malo occurrens, depositis per balanum fæcibus, san-"guinis uncias sex è dextrâ basilicâ fluere fecimus, qui in totum ater, "ac putredine affectus erat; quâ de causâ vesperi ex sinistro brachio "sanguinis extractio ad uncias octo repetita fuit: sed ad jecoris, et mem-"brorum interiorum rectificationem syrupum indies bibebat. Cæterum "papulas quia ex excedentium erat genere, scarificari fecimus, ex quibus "sanguis ater effluxit, quas tunc aquâ marinâ lavari fecimus; nam in "herpetas devenire timor erat. Sed posteâ ichores citrini cum quâdam "nigritie indè exibant; quare linimentum admovere fecimus, quo papulæ "predictæ exsiccatæ fuerunt; et ipse leni pharmaco epoto, intra paucos "dies benè habuit."

They are presently cured by nourishing food, moderate exercise in the open air, with the use of Peruvian bark, and vitriolic acid, or the tincture of muriated iron.

An eruption similar to the Lichen lividus often occurs as one of the secondary appearances of the Lues Venerea, and requires a separate consideration. It may be distinguished from the scorbutic form of the Lichen lividus by the following circumstances. 1. The Papulæ are smaller, and appear in irregular clusters diffused over the surface of the body. 2. When the eruption has continued for some time, the tops of the Papulæ are often depressed. 3. The Syphilitic Lichen seldom becomes scurfy. It does not, like the other species, disappear spontaneously, nor is altered by any change in the patient's diet, but, if left to itself, has a peculiar termination: the Papulæ, in several clusters, assume a pustular form, and, after suppuration, are succeeded by spreading ulcers, which can only be healed by a proper mercurial course. 4. This complaint is usually attended with an eruption, on the face, of irregular pimples, which are at first, pale, and shining, but which afterwards enlarge, and become reddish, and often confluent.

6. Lichen tropicus. By this term I mean to express what is usually denominated the prickly heat, a papulous

lous eruption affecting Europeans ſettled in tropical climates. I have been favoured with the following accurate account of it by Dr. T. M. Winterbottom, formerly phyſician to the colony at Free Town, Sierra Leone. "The Prickly-heat appears without any preceding diſ-"order of the conſtitution. It conſiſts of numerous "Papulæ, about the ſize of a ſmall pin's head, and "elevated ſo as to produce a conſiderable roughneſs "of the ſkin. The Papulæ are of a vivid red colour, "and often exhibit an irregular form, two or three of "them being in many places united together: but no "redneſs or inflammation extends to the ſkin in the "interſtices of the Papulæ.

"The eruption is diffuſed over thoſe parts of the "body which are uſually covered, as the neck, breaſt, "arms, legs, and inſide of the thighs. It does not "appear on the face, excepting on the upper part of "the forehead contiguous to the hair; neither is it "ever found in the palms of the hands, ſoles of the "feet, nor on the hairy ſcalp. The number of the "Papulæ is much increaſed by wearing flannel, or "clothes too warm and thick for the climate. When "perſpiration is very copious, ſmall veſicles, contain-"ing a limpid humour, are often intermixed with the "Prickly-heat, more eſpecially on the breaſt, and about "the wriſts: but they terminate in ſcales, having no "diſpoſition to ulcerate, though violently ſcratched.

"A trouble-

" A troublefome itching attends the Prickly-hat,e " and prevents fleep during the night. There is like- " wife a frequent fenfation of pricking, as if a number " of pins was piercing the fkin. This often takes place " fuddenly, after drinking a difh of tea or any warm " liquor, fo as to caufe the perfon affected to ftart from " his feat.

" The eruption is in general ftationary, and appears " equally vivid in the day, and in the night. It does " not leave one part, and arife on another, unlefs the " former be much expofed to cold, and the latter be " heated by additional clothing, or by friction. An " increafe of heat indeed, in all cafes, produces a " greater number of Papulæ. They fometimes dif- " appear on a fudden, and return again as fuddenly, " without any obvious caufe: but whenever the erup- " tion continues for a length of time, the Papulæ throw " off minute fcales, and are fucceeded by a frefh crop, " no veftiges being left in the fkin.

" Perfons of a fair complexion, with red hair and " a foft fkin, are moft liable to this eruption, and have " the greateft quantity of it. Thofe who are of a dark " complexion, either remain wholly free from the erup- " tion, or are affected with it very flightly.

" As

" As ſoon as ſettlers are habituated to the climate, " this complaint becomes leſs frequent, and trouble- " some; and at length entirely diſappears.

" The Prickly-heat is, in general, conſidered as a " ſalutary eruption, whence we are cautioned not to " repel it from the ſkin by cold, or other external " applications. Such a repulſion cannot, however, be " eaſily effected: it is certainly not produced by bath- " ing, which has been hitherto thought highly preju- " dicial. A vivid eruption of the Prickly-heat is a " proof that the perſon affected with it is in a good " ſtate of health, although its abſence does not always " indicate the contrary. The ſudden diſappearance " of it, which frequently happens, is rather an effect " than a cauſe of internal diſorder, as of fever or any " ſlight complaint of the ſtomach: in the latter caſe, " a temporary ſtimulus applied to the ſtomach, as by " ſpirits, tea, or other warm liquids, has the power " of reſtoring the eruption. It's appearance on the " ſkin of perſons in a ſtate of convaleſcence from " fevers, &c. is always a favourable ſign, indicating " the return of health and vigour.

" Various means have been employed to alleviate " the itching, and tingling of the Prickly-heat: the " favourite remedy at Sierra Leone is the juice of limes

" rubbed

" rubbed on the ſkin, which, however, has no conſi-
" derable effect. I have found it of moſt advantage
" to uſe a light, cool dreſs, and to avoid the drinking
" of warm liquors.

" The black natives are ſubject to this eruption,
" though in a leſs degree than Europeans. In them,
" the ſmall Papulæ are of a dull white colour, and
" therefore leſs ſtriking to the eye, than diſtinguiſhable
" by the touch from the roughneſs they produce in
" the ſkin."

Bontius, in his treatiſe De Medicina Indorum, cap. 18. has noticed this complaint.

" Quas Latinus Hippocrates Cornelius Celſus Papulas,
" Plinius Sudamina vocat, noſtrates Belgæ Rootvont,
" hic ita crebra ſunt, ut ego adhuc hiſce in locis ne-
" minem noverim qui moleſtias has effugerit, non
" magis, quam morſus culicum, quos Luſitani Moſ-
" quitas vocant. Sunt autem hæ Papulæ rubentes, ac
" aſperæ aliquantùm, per ſudorem in cutem ejectæ;
" plerùmque a capite ad calcem uſque, cum ſummo
" pruritu, ac aſſiduo ſcalpendi deſiderio erumpentes.
" Hæc exanthemata magis afficiunt recens advenien-
" tes, ut et moſquitarum puncturæ, quam eos qui ali-
" quamdiù hic morati ſunt; ità ut deridiculi ergò hic

" inter

"inter noſtrates dicterium enatum ſit, eum qui hoc
"modo affectus ſit, eſſe Orang-Barou, quod novitium
"hominem ſignificat, et propterea culices, ac Papulas
"ſibi tributum, e lacte, e butyro, quod eum devora-
"verint, petere: nam qui hic diùtius hæſerunt, ſe
"Orang Lamme, id eſt, veteranos glorioſè nominant.
"Hæc porrò moleſtia, cum a natura expellente fiat,
"inter affectus cutaneos tantùm recenſenda venit: ſed
"tamen temerè habita, ut et culicum morſus, ungui-
"bus ſcilicet cute apertâ, ulcera ſæpe cacoethea ac
"maligna oriuntur, difficilia ſanè ſanatu:

"Sic neglecta ſolent incendia ſumere vires.

"Ut itaque pruritui iſti moleſtiſſimo occurramus,
"acetum cùm aquâ miſceri jubeo, addito nitro, ſeu
"ſale prunellæ, eoque corpus linteolo immerſo tingi:
"vel ſi acrius deſideres, addendus limonum ſuccus
"recenter expreſſus. Quæ quamvis primò acrem
"dolorem inferant, tamen is citò evaneſcit, et multò
"magis tolerabilis eſt, quam pruritis iſte inſignis.
"Hoc denique medicos et chirurgos obiter monitos
"volo, ne in his Papulis purgationes, quantùmvis
"leves, inſtituant, ne materia acris, ac biliofa, ad
"inteſtina delata dyſenteriam creet: ſed vel potiùs
"naturæ hæc ſananda relinquant, vel ſudorificis ex-
"cretionem hanc adjuvent; nam ego per incuriam, ac
"imprudentiam quorundam, hæc infortunia evenire
"non ſemel vidi."

I Dr.

Dr. Hillary deſcribes the Prickly-heat, in Barbadoes, as uſually intermixed with an eruption of a different kind. "The Europeans, and North Americans from "the colder parts of it, and eſpecially the Britons, "when they firſt come to this or the other Weſt India "iſlands, are, by the great increaſed heat of the cli-"mate, uſually not long after their arrival there, "ſeized with either a Fever, or with a ſort of Efflo-"reſcences, which moſt commonly firſt appear on the "legs, in pretty large, hard lumps, of a reddiſh co-"lour, which are ſometimes as large, or larger than "a ſhilling, but of an irregular figure, and itch vio-"lently, eſpecially towards night, if they are either "rubbed or ſcratched; and from doing which it is "difficult to refrain, though doing either much in-"creaſes both the itching, and their ſwelling, and "often either rubs the cuticle off, or cauſes little "bliſters to riſe, and a ſaltiſh yellow ſerum to ooze "out, which makes them ſmart; after which a ſcurf "or ſcab enſues, which after a few days falls off. "Theſe lumps commonly riſe on the hands, arms, "legs, thighs, neck, and face; and uſually continue "three, four, or five days, then turn to a yellowiſh "colour, and ſoon after diſappear; but are ſoon ſuc-"ceeded by others in or near to the ſame places, and "ſo continue ſucceſſively for ſeveral weeks, or months, "in moſt ſtrangers who come into this hot climate.

"Theſe

" Theſe exanthematous eruptions are vulgarly, but " erroneouſly aſcribed to the ſtinging, or biting of " moſquitoes. It is certain that theſe inſects do bite, " and that little lumps or ſwellings will riſe where " they bite, but theſe are neither ſo large, nor do they " uſually continue ſo many hours, as the other lumps " do days: theſe being only the bite of a ſmall inſect, " which is not more offenſive than the bite of the " midge in England; whereas the others are effloreſ- " cences caſt out by nature, or the vis vitæ, and pro- " ceed from the great increaſed heat of the climate.

" Whilſt theſe efflorefcences continue, there are alſo " other but ſmaller eruptive puſtulæ, or little red pim- " ples, which ariſe from the ſame cauſe, and often come " out all over the reſt of the body, called Ἱδρῶα by the " Greeks, Eſſera by the Arabians, Sudamina, by the " Romans, and the Prickly-heat by the Engliſh, which " cauſe great itching, and pricking, as if with ſmall " needles: this uſually continues ſeveral weeks, and " in ſome perſons for months, and then declines, " cauſing the cuticle to fall gradually off in ſmall " white ſcales. This Prickly-heat ſeizes moſt of the " inhabitants, both natives and ſtrangers, either in a " greater or leſſer degree, every year, during the hot " ſummer months. It ſeldom cauſes any ſickneſs, or " diſorder, except the troubleſome itching and prick-

" ing; but every one goes about his bufinefs with it, " as if he were well, unlefs it be imprudently repelled, " and ftruck fuddenly in, either by rubbing it with " lime-juice, vinegar, camphorated fpirit, or by wafh- " ing the body with cold water, which fome are fo " imprudent as to ufe, to take that troublefome itching " and pricking heat off, whereby they have repelled " thofe acrid faline humours into the blood again, " when kind nature had thus caft them out; and fo " have produced a fever, which has fometimes been " attended with bad confequences. For going into a " cold bath, or the fea, is not fo bad, or dangerous in " this cafe, as wafhing the body with cold water is: " for though the humour may be repelled, whilft they " are in the cold bath, yet the glowing heat which " ufually follows it, ftrikes it more effectually out " again after, which wafhing with cold water does " not. The beft method is to live temperately, ufe " moderate exercife, and encourage the eruption by " taking fmall warm liquids and nourifhments, as " gruel, tea, coffee, wine-whey, broth, and plain " meats; and to avoid fuddenly expofing themfelves, " when warm, to a current of cold air, night dews, " and damp wet places, and the too freely drinking " fpirituous liquors, as they increafe this as well as " inflammatory difeafes *.

* On the Air and Diseases of Barbadoes, p. 3. Introd.

According

According to Dr. Clark, " the Prickly-heat confifts " of numerous pimples, or red fpots, breaking out on " various parts of the body, and occafioning an into- " lerable itching. Interfperfed with this eruption, " efpecially upon the hands, fmall eminences, white " tubercles, or wheals, frequently appear, refembling " the fting of nettles, which greatly add to the itching, " and are increafed by fcratching. The Prickly-heat " is not attended with any febrile commotion. When " fevere, it is mitigated by a cool and fpare diet, and " gentle laxatives. But whilft it continues out, no " inconvenience arifes, except the itching; and after " a few weeks it either difappears, or ceafes to give " much trouble. The retroceffion of this eruption is " always attended with head-ach, laffitude, and often " by a feverifh ftate *."

Dr. Mofely † obferves, that " the fmall red pimples " of the Prickly-heat are moft numerous on parts " which are kept hotteft by the clothes, or where " there is the greateft irritation and friction. It caufes " fuch an intolerable itching, or heat and pricking in " the fkin, that human refolution cannot refrain from " fcratching until the fkin be fometimes excoriated.

* Observations on the Diseases of Seamen in long Voyages, Vol. I. p. 34.

† On the Diseases of Tropical Climates, p. 20.

" Many

" Many people have it more or lefs during the hotteft
" months. It generally goes off in a few weeks, leav-
" ing the cuticle fcurfy, which falls off in fmall white
" fcales. Sometimes it continues very obftinate; and
" where people live heated by intemperance, or have
" any ferpiginous humour in their habit, it fixes on the
" furface of the body in troublefome Ringworms *."

A vivid eruption of Papulæ, fomewhat analogous to the Prickly-heat, fometimes appears, in our own climate, on the arms, hands, face, and neck of labourers, and other perfons who ufe violent exercife during the hot months of the fummer. It rather produces a fenfation of tingling and fmarting than of itching, and difappears in a fhort time, without any particular confequences. The Summer Rafh, or Prickly-heat, mentioned by Dr. Cleghorn as frequently occurring in the ifland of Minorca, feems to be nearly of the fame kind †. It's fymptoms, according to his account, are by no means fo violent and diftreffing as thofe of the Lichen tropicus.

" The cutaneous eruption which we call the Rafh,
" or Prickly-heat, is the Sudamina or Papulæ Sudoris

* The same observation is made by Towne, Of the Diseases of the West Indies, p. 177.

† On the Diseases of Minorca, Ch. 4. Compare Ingrassia's account of the Brussoli, or Migliarino at Naples, De Tum. Præt. Nat. Tr. I. Cap. 1.

" of

" of the Romans, and the Ιδρωα of Hippocrates, who
" juftly places it among the fummer difeafes; it being
" fo frequent in warm countries, that few people
" efcape having more or lefs of it during the hot
" weather; though children are more affected by it
" than others. It confifts of numerous minute pim-
" ples, or rather fmall, round, red fpots, just per-
" ceivable by the touch as a kind of roughnefs on
" the fkin, which break out on different parts of the
" body, efpecially after exercife, or drinking cold
" water.

" This eruption is commonly looked upon as a fign
" of health; and indeed while it continues frefh on
" the fkin no inconveniency arifes from it, except a
" frequent itching: but if accidentally the pimples are
" driven in, by catching cold, bathing in the fea, or
" any errors in the non-naturals, the cafe too often
" becomes dangerous. And I have conftantly ob-
" ferved that thofe who had a great deal of this erup-
" tion in the fummer, were fubject either to fluxes,
" hæmorrhages from the nofe, or fevers, upon the alte-
" ration of the weather about the autumnal equinox.
" Wherefore I commonly advifed them, as foon as
" the flighteft figns of a retroceffion appeared, fuch as
" ficknefs, head-ach, and præternatural heat, to lofe
" fome blood immediately, and make ufe of mild

" cathartics,

"cathartics, vegetable food, and cool acefcent liquors: "by which means the bad confequences above-men- "tioned, if I am not greatly deceived, have been "frequently prevented, notwithftanding the vulgar "prejudices againft evacuations in this and other "fimilar cafes."

The Greek phyficians generally ufe the term Hidroa to fignify an eruption of miliary vefícles*: they fome-times perhaps may have employed it, as Dr. Cleghorn has obferved, to exprefs the Summer Rafh, or Prickly-heat; but I think their more appropriate titles for that diforder are Lichen, and Eczefma†.

Among the Arabian writers Effera is a generic deno-mination, comprizing befides the Prickly-heat, the Prurigo, the Nettle-Rafh, and fome other eruptions on the fkin. According to Haly Abbas‡, "Sere autem "funt Papulæ (Bothor) aliæ parvæ, aliæ magnæ, ex- "tensæ, et lati capitis, quæ cum prurigine incipiunt "magna, et quum fcalpuntur, humiditas ab eis exit "rubiginofa. Fiunt autem hæ primo, a fanguine

* Hippoc. Aphor. 21. Lib. III. et Galen. Comment.

† See Aet. Tetrab. IV. 1. 128.

‡ Theorice, Lib. VIII. Compare Alsaharav. Pract. Tr. XXXI. cap. 8.

"cholerico,

"cholerico, et eſt color earum rubeus; tumultuantque "magis diei tempore; et fit patienti ſimul calor et "æſtus, fitque illi pulſus magnus in eis et velox. "Secundo autem, ex humiditatis phlegmaticæ et ſalſæ "cum ſanguine tenui admiſtione, et eſt harum color "albidus; et hæ magis noctu tumultuant. Nonnun-"quam autem ex harum trium fiunt adunatione cau-"ſarum, nec eſt multum earum color rubeus."

In deſcribing the varieties of the Lichen, I have only differed from one or two of the antient writers, who without a ſtrict analogy, apply the title Lichenes agrii, to the Mentagra, a contagious diſeaſe, affecting the face, neck, and hands, according to Pliny's expreſſion, "fædo "cutis furfure*."—Before I conclude the conſideration of the preſent genus, it may not be amiſs to obſerve, that there has been ſome difference of opinion reſpecting the reaſon of application of the term Lichen to diſeaſes of the human body. The reſemblance of the eruptions on the ſkin above deſcribed, to ſome of the ſpotty, and tuberculated Lichens, which grow upon ſtones, ſhrubs, or the bark of trees, is, however, ſo ſtriking, that the application of the ſame term to expreſs both theſe appearances ſeems obvious, and natural. On this

* Nat. Hist. Lib. XXVI. Cap. 1.

point Gorræus obſerves, "Videntur autem Lichenes "appellari, non quod linctura ſalivæ humanæ cu-"rentur, ut quidam opinati ſunt, cùm tamen res ſe "non ità niſi in admodum levibus habeat; ſed ἀπὸ τῷ "λειχω, id eſt, lambo, ut inquiunt grammatici, quod "ſcilicet lambendo ſerpant, ſicut etiam in petris Lichen "herba ſolet *."

* Definitiones Medicæ, pag. 361.

Pliny seems to think the disease was termed Lichen, from the name of the plant, which was the most certain remedy for it.—Lichen herba omnibus præfertur, indè nomine invento. Cap. 5.

ORDER

ORDER I.

III. PRURIGO.

THE ſymptom of itching is common, in a greater or leſs degree, to many diſeaſes of the ſkin. There are, however, ſome caſes where it occurs as the leading circumſtance, and where it is accompanied with an eruption of Papulæ, the colour of which does not much differ from that of the adjoining cuticle, and with other appearances ſufficiently particular to conſtitute a diſtinct and independent genus of diſeaſe *. To this therefore I ſhall apply the denomination of PRURIGO, a term already employed, in the ſame ſenſe, by medical writers †.

* Etsi pruritus cum aliis affectibus pluribus conjugatur, ut Scabie, Impetigine, Leprâ, et similibus, eorumque ablatione et ipse tollatur; aliquandò tamen solus homines vexat, et adeò molestus est ut etiam medici auxilium implorare cogat. Sennertus Practicæ Medicinæ, Lib. V. p. 3. sect. 1. cap. 8. Compare Vid. Vidii Chirurg. L. VI. cap. 9.

† See Plin. Nat. Hist. L. XX. cap. 17. L. XXIII. cap. 1. et L. XXVII. cap. 4. where a distinction is made between the Prurigo, Scabies, and Psora. The authority of Pliny, in this respect, is followed by Ingrassias, Mercurialis, Hafenreffer, and others.

This diſeaſe, from it's ſuppoſed affinities, has been ranked with Scabies, Lepra, or Impetigo*. Not being, however, characteriſed, during it's firſt ſtages, by an eruption of Puſtules †, nor by ſcaly Cruſts ‡, it muſt be ſeparated from the above affections, in an arrangement made according to external appearances. The primary ſtate of Prurigo requires that it ſhould be claſſed among the papulous diſeaſes of the ſkin. In this order it is ſomewhat analogous to the Lichenes, but differs from them in the appearance of it's Papulæ, and in the concomitant ſymptoms.

The Prurigo, as it ariſes from different cauſes, or at different periods of life, exhibits ſome varieties in

* See Plater. De Super. Corp. Dolore, pag. 674. Manard. Ep. Med. 7. Fernel. De externis corp. affectibus. L. VII. cap. 4. Lommii Obs. Med. L. II.

† Scabies differt a Pruritu in hoc, quod cum Pruritu non sunt bothor (Pustulæ) sicut in Scabie. Avicen. lib. IV. Fen. 7. Tract. 3. cap. 6.

‡ Oportet ante alia adnotare, quòd omnes illi affectus, quibus jungitur pruritus, differentes sunt ab hoc Pruritu; quia in illis vel tumor, vel exulceratio, vel excoriatio aliqua apparet, in Pruritu nihil horum. Videntur carnes parum mutatæ, asperiores quidem aliquo pacto, sed sine tumore insigni, exulceratione aut excorlatione. Præterea in aliis affectibus qui junctum habent pruritum, a cute semper emanat aliqua sanies: in Pruritu nihil emanat, nisi, ut ait Avicenna, quædam corpora furfuracea, atque neque hæc emanant nisi cutis unguibus dilanietur. Mercurialis, de Morb. Cutis, lib. II. cap. 3.

it's

it's form, which may be deſcribed under the titles of Prurigo mitis, Prurigo formicans, and Prurigo ſenilis. In theſe the whole ſurface of the ſkin is uſually affected: but there are likewiſe many caſes of partial * Prurigo, which will be afterwards noticed according to their reſpective ſituations.

1. The PRURIGO MITIS appears without any previous indiſpoſition, generally in ſpring, or in the beginning of ſummer. It is characterized by ſoft and ſmooth Papulæ, ſomewhat larger than thoſe of the Lichen, from which they alſo differ by having nearly the ſame colour as the ſkin; for they ſeldom appear red, or much inflamed, except from violent friction. They are not, as in the Lichen, accompanied with tingling, but with an almoſt inceſſant itching: this is, however, felt more particularly on undreſſing, and it often prevents reſt for ſome hours after getting into bed. When the tops of the Papulæ are removed by rubbing or ſcratching, a clear fluid † oozes out from them, and gradually concretes into thin,

* Pruritus (Græcis κνησμος) est tristis sensatio, desiderium scalpendi excitans, sine cutis asperitate, vel exulceratione. Occupat autem quandoque universum corpus, quandoque certam aliquam partem.

Hafenreffer de Cutis affectibus, L. I. cap. 14.

† Actuar. Meth. Med. L. II. cap. 11.

black

black Scabs *. Notwithſtanding this change, the itching does not abate; and by the conſtant friction which it demands, inflamed Puſtules reſembling Phlyzacia (DEF. X. 1.) are ſometimes produced. Theſe Puſtules, when they appear early in the complaint, muſt be conſidered as incidental, and not as proper to the diſeaſe.

This ſpecies of Prurigo chiefly affects young perſons: its cauſe may, I think, in general be referred to ſordes collected on the ſkin, producing ſome degree of irritation, and preventing the free diſcharge of the cutaneous exhalation †, the diſagreeable conſequences of which muſt neceſſarily be felt at that ſeaſon of the year when perſpiration is moſt copious. Thoſe who have originally a delicate or irritable ſkin, muſt likewiſe, in the ſame circumſtances, be the greateſt ſufferers.

The eruption extends to the arms, breaſt, back, and thighs, and often continues during two or three months of the ſummer, if not relieved by proper treatment. When perſons affected with it neglect to waſh the ſkin,

* The small black Scabs are shewn, intermixed with the Papulæ, PL. VII. Fig. 1.

† See Galen de Sympt. causis, Lib. II. cap. 6. and Actuar. L. II. cap. 23. Meth. Med.

or

PAGE NO- 71 MISSING IN ORIGINAL

If the complaint, through neglect of cleanliness, have loſt its original characteriſtics, and have aſſumed the puſtular form, other external applications, and the treatment proper for the Itch, will be found neceſſary.

2. The Prurigo formicans is a much more obſtinate and troubleſome diſeaſe than the foregoing. It uſually affects perſons of adult age, commencing at all ſeaſons of the year indifferently, and it's duration is from four months to two or three years, with occaſional ſhort intermiſſions. The Papulæ are ſometimes larger, ſometimes more obſcure, than in the preceding ſpecies; but they are, under every form, attended with an inceſſant and almoſt intolerable itching. They are diffuſed over the whole body, except the face, feet, and palms of the hands; they appear, however, in the greateſt number on thoſe parts, which, from the ordinary mode of dreſs, are ſubjected to tight ligatures, as the neck, loins, and thighs.

Itching is not the only ſource of uneaſineſs in this diſorder. Patients have ſometimes a ſenſation as if ſmall inſects were creeping on the ſkin, ſometimes as if ſtung all over by ants, ſometimes as if hot needles were piercing the ſkin in different

rent places*. Their diſtreſs is much increaſed on undreſſing, or on ſtanding before a fire; but they ſuffer moſt after getting into bed, and are often unable to ſleep during the greater part of the night.—When any part of the ſkin is ſtrongly rubbed, it becomes red; and large tubercles or wheals are excited, which however ſubſide as ſoon as the friction ceaſes. The cuticle being abraded by the different means employed to allay the irritation on the ſkin, the ſurface of the body is at length ſpotted all over with ſmall thin ſcabs, as repreſented PL. VII. Fig. 2. This is in many caſes the only appearance which the diſeaſe exhibits to the eye, the Papulæ being nearly of the ſame colour with the ſkin, and often indiſtinct from their minuteneſs.

Where the Papulæ are of a large ſize (pag. 72), their appearance is preceded by head-ach, ſickneſs, and pains in the ſtomach; and if the eruption be ſuddenly repelled from the ſurface, the ſame ſymptoms return in a violent degree. In other caſes, the affection of the ſkin is not ſo obviouſly connected with complaints in

* Signum Pruritus ex humore cholerico acuto est fortis corrosio, cum mordicatione, et ustione et scissurâ: et quando concordant regimen, cibaria fortia et acuta, complexio, ætas, et tempus, erunt signa fortiora. Serapion, Pract. Tr. V. Lib. 6. Alsaharav. Tract. XXXI. cap. 5.

See a case of this complaint, Hoffman, tom. IV. part 5. pag. 413.

the ſtomach: nevertheleſs, this ſpecies of Prurigo is very generally the effect of ſome conſtitutional diſeaſe; for thoſe perſons are moſt liable to ſuffer frequently from it, who are of a ſallow complexion, who are weak and ſomewhat emaciated, or who labour under obſtructions of the viſcera *. The ſame concluſion may be deduced from the nature of the exciting cauſes, which are, grief, watching, fatigue, and low diet. As all perſons are not equally affected by the operation of theſe cauſes, ſomething muſt be referred to the original texture of the ſkin, or ſtate of the cutaneous glands. With reſpect to this prediſpoſition, I have only been able to remark, that moſt of the patients I have ſeen, had a more than uſual coarſeneſs or roughneſs of the ſkin, which ſeemed often to have been communicated hereditarily; and that when the itching and Papulæ diſappeared at the termination of the diſeaſe, the cuticle was left dry, ſcaly, and thickened. This obſervation is alſo made by Galen, De Loc. affect. L. II. c. 7.

To the occaſional cauſes above mentioned, I may add the want of proper cleanlineſs, to which the appearance

* Multoties quidem corruptio digestionis facit accidere Pruritum. Avicenna, Vol. I. p. 275, 6. See Vol. II. p. 250.

The universal itching of the skin, which takes place in the jaundice, is frequently attended with an eruption of yellowish Papulæ, and with the sensations peculiar to the Prurigo formicans.

of

of this disorder in the lower class of people is often referable. Certain modes of diet * have likewise a considerable effect in aggravating or exciting the Prurigo formicans. Many persons are affected with it, who, in the summer season, live much upon fish, and stimulating animal food, and at the same time drink freely of wine or spirituous liquors. Some white wines excite, in particular habits, an eruption of itching † Papulæ, which is excessively troublesome for many hours, but which ceases when the use of white wine is discontinued.

The Prurigo formicans sometimes terminates in a pustular affection, not contagious, but constituting one

* Galen observes "that a general itching of the skin (Cnesmos) is excited by certain substances applied externally, as nettles, squill, brine, &c. but that it also frequently arises from causes within the body; since those are particularly liable to it, who live on food of a bad quality, who labour under indigestion from overcharging the stomach, and who neglect cleanliness." De Symp. Caus. II. 6. See Haly Abbas, L. VIII. Cap. 17.

Dulcia generant Pruritum. Avicen. IV. 7. 3. 6. & Constantin. African. Lib. VII. Cap. 26.

† Lorry de Morb. Cut. pag. 27. Introductio.

Sæpe vinum meracius haustum subitò colores faciei afflat, et pruritus in partibus dissitis protinùs concitare visum est; immò et dolores ad articulos, qui ad cutem non referuntur quidem, sed cum illâ intimiùs connectuntur.

 of

of the ſpecies of Impetigo. That the diſeaſe, in it's primary ſtate, is not contagious, nor allied to the Itch, I am convinced from the following obſervations. 1. The eruption is uſually connected with internal diſorder, and ariſes often where no ſource of infection can be traced. 2. Perſons affected by it may have conſtant intercourſe with ſeveral others, and yet not communicate the diſeaſe. 3. Several individuals of one family ſometimes have the Prurigo formicans, at certain ſeaſons of the year, although they reſide at conſiderable diſtances from each other.—In theſe inſtances the diſeaſe muſt be referred to a common prediſpoſition.

An eruption ſimilar to that repreſented (PL. VII. Fig. 2.) often takes place in children who handle dogs or cats affected with the mange, alſo in men who waſh mangy hogs. If this diſeaſe in quadrupeds be, according to the general opinion, produced by animalcula, and through them be communicated to the human ſpecies, we ſhall have reaſon to conclude that the Prurigo formicans is, in other caſes, owing to the irritation of Acari, or other minute inſects on the ſkin.

When the Prurigo formicans appears to originate from general debility, or from ſome diſorder of the abdominal viſcera, (page 74.) we can only hope to remove the eruption by proper diet, exerciſe, and medi-

cines,

cines calculated to improve the ſtate of the conſtitution. In caſes not apparently connected with any internal complaint, I have experienced many diſappointments, from the inefficacy of medicines recommended on the beſt authority. Neutral ſalts, antimonials, and other remedies adminiſtered as diaphoretics, generally aggravate the complaint. Mercurials, whether alone, or combined with antimony, ſulphur, &c. do not appear beneficial.—The diet-drinks, employed in this, and ſome other Cutaneous Diſeaſes, contribute to allay the troubleſome ſenſation of itching; but as little difference is perceptible in their reſpective effects, perhaps more may be attributed to the watery vehicle than to the virtues of the impregnating ingredients.—Moſt of the writers * on Prurigo, recommend ſtrong purgatives, as well as alterative medicines, in order to expel from the blood and cutaneous glands the vitiated humours, from which, as they ſuppoſe, the complaint originates. Their theory is probably erroneous, and the practice founded upon it, though very ancient, does not bear the teſt of experience. I have, in general, found that purgatives frequently repeated are injurious in this complaint, as might indeed be expected from a previous conſideration of it's occaſional cauſes.

* See Mercurialis de Morb. Cutis, Lib. II. Cap. 3. Sennert. Pract. Med. Lib. V. Cap. 3. Hafenreffer de Cut. Affectib. Lib. I. Cap. 4.

Fixed

Fixed alcali is of ſome advantage in the Prurigo formicans, but ſulphur taken internally, in the manner recommended, Page 71, is a more certain remedy than any other, with which I am acquainted. I have uſually preſcribed the ſulphur præcipitatum, and combined it with foſſil alcali, (Natron præparat. Ph. L.) at the ſame time directing an infuſion of ſaſſafras or the tops of juniper, to be drunk freely. Under this courſe, the ſymptoms are, in many caſes, gradually alleviated, and the complaint diſappears in a month, or ſix weeks.

The external application of ſulphureous and mercurial ointments, and of lotions made with white vitriol, lime-water, or muriated quickſilver, affords but little relief in this ſpecies of Prurigo. I have not obſerved much benefit from the decoction of white hellebore, which has been ſtrongly recommended by the antients*.

* Their practice in this disease was confined wholly to external washes, and liniments or unguents. The former were prepared with a variety of emollient and aromatic herbs: the latter consisted of sulphur, nitre, sandarach, cimolia, or burnt snails' shells, frankincense, stavesacre, dock, hellebore, and powder of beans and lupines, mixed in different proportions with oil, honey, brine, or vinegar. Avicenna mentions some other applications of a different nature: Pellis recens ovis est conveniens Scabiei et Pruritui. Tom. I. p. 373. Urina hominis abstergit Pruritum. Tom. I. p. 330. Ed. Venet. Myrrhâ ex muliebri lacte cutem oblinito. Ditto. Fiat inunctio cum oleis frigidis apposito succo opii. Tom. II. p. 251. De Medicamentis levibus hoc est, Papaver tritus cum aceto; et aloe cum aqua endiviæ. Et de medicinis fortibus est ceratum in quo ponitur opium, quo cum inungatur corpus, et quiescet Pruritus. Tom II. pag. 251.

A decoc-

A decoction of the feeds of ftavefacre feems to be more efficacious than that of hellebore, efpecially when the diforder is aggravated by the irritation of Acari, or other infects on the fkin: (See Pag. 76).—It is in every cafe neceffary to keep the fkin clean, and perfpiring, by frequent ablutions with warm water*. The itching, however, is not always to be allayed by thefe means: hence I have been induced to employ fome of the medicated baths recommended by authors, and have had opportunities of afcertaining the utility of thofe prepared with alcalized fulphur†. Sea-bathing has alfo, in fome cafes, entirely removed the complaint ‡.

Very copious inftructions concerning the diet of perfons affected with the Prurigo have been given by the

* Paul. Æg. L. IV. c. 4. Oribas. Collectan. Lib. X. 1. & Mercurial. de Pruritu.

† Aetius Tetrab. I. 3. 168. Balnea sulphurulenta purgant cutem, et propterea conferunt Lepræ, Psoræ, Lichenibus et Pruritui.

‡ Balnea vero Pruritûs et Scabiei sunt aqua maris calefacta. Avicen. Vol. II. p. 252. a.

According to the medical poet, Q. Serenus Samonicus,

Pruritus autem salsos levat humor aceti;
Sive maris rabidi sudor, cochleæque minutæ,
Quarum contactu perimetur acerba libido.

Præcepta, Cap. 7.

Greek

Greek and Arabian phyſicians *, and tranſcribed by the moderns. Any light, and eaſily digeſtible food may be taken, as the patient's taſte directs, but he ſhould avoid all heating or ſtimulating ſubſtances, and drinks, eſpecially white wines and ſpirituous liquors. Aſſes' milk, whey †, milk and water, and goat's milk ‡, may, as recommended by the antients, conſtitute a part of the regimen.

3. Prurigo senilis. This affection does not differ much in it's ſymptoms and external appearances from the Prurigo formicans; but it has been thought by

* Ab acrium usu abstinendum est et præsertim ab oleribus mali succi. Quæ vero exhibentur bono succo prædita sint, qualis est lactis assiduus potus, ptisana, alice, ova gallinarum, porcellorum extremitates, et ventricula; vinum tenue, dilutius et album. Aet. Tetrab. IV. ii. 20. Avicenna IV. 7. 3. 7. Avenzoar. Coll. Med. 3.

† Galen de Simp. Med. fac. L. X.

‡ Sanantur illi quibus accidunt Scabies et Pruritus, bibitione lactis. Avicen. Tom. I. p. 347. a.

Curatio autem Pruritus, est ut des lac vaccinum acetosum. Cibus autem habentium Pruritum sit ex eis quæ humectant, et generant sanguinem laudabilem, et quæ ad frigiditatem declivia sunt. Avicenna. IV. 7. 3. 7.

Cibi laborantium pruritu debent esse sorbiles. Theodor. Priscian. L. I. de Medicinâ. See Mercurialis, Sennertus, Platerus, et Hafenreffer de Pruritu: and Histor. Morb. Vratislavens. 1699.

medical

medical writers to merit a diſtinct conſideration *, on account of it's peculiar inveteracy. The Prurigo is perhaps aggravated, or becomes more permanent, in old age, from the dry, condenſed ſtate of the ſkin and cuticle, which often takes place at that period †. It is alſo moſt frequent in the melancholic or mixed temperaments ‡, and appears to be generally connected with a languid ſtate of circulation, and of the digeſtive power. I have known many perſons, of both ſexes, ſo inceſſantly tormented with a violent and univerſal itching, that they were rendered uncomfortable for the remainder of life.—The Papulæ are for the moſt part large, though not inflamed: their ſize and diſtribution, with ſcabs intermixed, are repreſented, PL. VII. Fig. 3. Sometimes the whole ſurface has a ſhining appearance, and is irregular, or granulated, without an eruption of diſtinct Papulæ. This ſtate of the ſkin is ſucceeded by

* Τοισι δε πρεσβυτησι συμβαινουσι δυσπνοιαι, γραγγυριαι, αρθρων πονοι, ιλιγγοι, καχεξιαι, ξυσμοι του σωματος ολου, &c. &c. Hip. Aphor. III. 31.

See Paul. Ægin. de Re Med. L. IV. c. 4. Serapion, Pract. Tr. V. Cap. 6. Alsaharav. Tr. XXXI. 5. Haly Abbas Disp. Reg. L. VIII. Cap. 17.

† Actuar. Meth. Med. L. II. c. 11. et Avicenna, L. IV. Fen. 7. 3. 6.

‡ In siccâ autem scabie quam potissimùm senes macilenti et qui temperamento pollent melancholico-cholerico, experiuntur, minoris molis pustulæ pauco ichore seroso sunt refertæ, quæ tenuissimas nervorum fibrillas sub cuticulâ irritando, ardorem et pruritum inferunt intolerabilem. Hoffman. tom. IV. part 5. cap. 5. See Lorry de Morb. Cutan. pag. 241.

Scurf, or Scales, which, from their repeated ſeparation and renewal, prove an additional cauſe of irritation. Some alleviation is produced by ſcratching or rubbing the ſkin, which however is but of ſhort duration; for when the cuticle is, by theſe means, extenſively abraded, the mingled ſenſation of itching and ſmarting becomes almoſt intolerable.

The remedies mentioned under the article Prurigo formicans, are not of much advantage in the preſent complaint. A warm bath* is the only application which allays the itching and irritation: it's effects, however, are not permanent. Somewhat more relief is experienced from baths of warm ſea water, or of ſome mineral waters. The ſulphur water at Harrogate, employed externally and internally, is perhaps the moſt efficacious remedy in this diſeaſe.

In one caſe of the Prurigo ſenilis, I accidentally diſcovered, on the patient's ſkin and linen, a number of inſects, ſo minute, and ſo quick in their motions, as not to be diſcernible without conſiderable attention. I at firſt took them for ſmall Pediculi, but when viewed through a magnifier they appeared to belong to the

* Avicenna, tom. II. Fiat balneatio cum aquâ tepidâ. P. 251, he adds, Senes juvantur in curatione Pruritus qui accidit eis, si liniantur ex fæce vini cum aliquanto anetho humido.

See also Aet. Tetrab. I. Serm. 3. Cap. 137.

genus

genus Pulex, though not to any of the ſpecies deſcribed by Linnæus. An accurate repreſentation of one of theſe, as ſeen through a microſcope, is given PL. VII. Fig. 4. Although this patient had a wife and family, none of them were affected in a ſimilar manner; nor could any of the inſects be found upon them by the ſtricteſt examination. No general concluſion ſhould be drawn from a ſolitary inſtance: the preſent caſe, however, tends to confirm the ſuppoſition that the Prurigo ſenilis, and Prurigo formicans, may be generally owing to cutaneous inſects. With a view to aſcertain this point, I have ſince paid cloſe attention to every caſe that occurred, but have not hitherto been ſucceſsful in the reſearch.

The external remedies employed to relieve the patient above-mentioned, were decoctions of tobacco, or of cocculus Indicus, and a ſtrong ſolution of muriated quickſilver. The latter was moſt efficacious in alleviating the ſymptoms, yet it did not wholly deſtroy the ſmall inſects: when the lotion was omitted, they always appeared again within three weeks, and produced the ſame inconvenience as before. The patient was therefore obliged to have frequent recourſe to the ſolution, and was thus enabled to keep himſelf tolerably eaſy.

The ſtate of the ſkin in the Prurigo ſenilis is favourable to the production of another inſect, the Pediculus humanus, more eſpecially to that variety of it which is uſually termed the Body-louſe, Pediculus veſtimentorum, Linn.* Linnæus does not make any diſtinction between the Pediculus capitis, and Pediculus veſtimentorum, but we ſhould probably be correct in eſtabliſhing a ſpecific difference between them. The Pediculi capitis lay ſingle nits, or eggs, on the hairs of the head, and do not ſpontaneouſly quit the ſcalp or it's natural covering. The Pediculi veſtimentorum which are large, flat, and whitiſh, ſeldom appear on the head, but reſide on the trunk of the body, on the limbs, and on the clothes. Their nits are conglomerate, and uſually depoſited in the folds of linen, or in other articles of dreſs. Both of theſe ſpecies, or varieties, of the Pediculus humanus, are generally bred among the inhabitants of ſordid dwellings†, of jails, workhouſes, &c. in which ſituations they prey upon perſons of all ages indiſcriminately. When Body-lice appear in caſes

* Syst. Nat. p. 1016.

† Causa antecedens est mala victus ratio, mala cultura capitis et totius corporis, tarda vestimentorum mutatio, neglectus balneorum, postpositio mundificationis et lotionis camisiarum. Hinc milites, pauperes, minoritæ, clarissæ, Pediculis scatent, hominesque ferales, qui corporis culturam spernunt. Foresti Obs. Med. 14. Lib. VIII.

See also Mercurialis, Lib. I. Cap. 7. and Hafenreffer, pag. 72.

of

of Prurigo ſenilis, they ſeldom faſten upon the attendants, but, notwithſtanding every attention to cleanlineſs or regimen, they multiply ſo rapidly about the patient, that he undergoes perpetual irritation and diſtreſs. In theſe caſes, however, the Pediculi are only found on the ſkin, or on the linen; and not under the cuticle, as ſome authors have repreſented *. Many wonderful ſtories are related by Foreſtus, Schenckius, and others †, reſpecting lice bred under the ſkin, and diſcharged in ſwarms from abſceſſes, ſtrumous ulcers, and veſications. The mode in which Pediculi are generated being now fully aſcertained, no credit can be given to theſe accounts: It is probable, however, that the authors of them had miſtaken for lice ſome other ſpecies of inſects, which are frequently found in putreſcent ſores: See Prof. Murray's treatiſe De Vermibus in Lepra obviis. In the ſame manner may be explained the accounts given by Ariſtotle, Pliny, Cælius, and Joſephus, of the deaths of Pherecydes, Alcmæon, Ennius, Antiochus, and Herod.

* See Aristotle, Hist. Animal. Lib. V. Cap. 32. Galen De Comp. Med. sec. loc. L. I. Cap. 8 et 9. Cæl. Aurelian. De Phthiriasi.

Serapion says, Jam enim scitur quod causa generans pediculos est in concavitate cutis, ubi est possibile ut generetur animal. Pract. Tract. I. cap. 5.

† See Manget. Bibliothec. De Morb. Pilorum: Heurnius de Morb. Capitis, C. 4. and Sauvages de Phthiriasi.

The

The cafes of Phthiriafis in Amatus Lufitanus feem correct and credible. Venetus vir bonus Anconæ pediculis per univerfum corpus fcatens,ità ipfis lancinabatur, fœdabaturque, ut parùm fuerit ne ex hoc decederet morbo. Novimus etiam nos Olyfipponæ hominem quendam non ignobilem ex hoc morbo miferè obiiffe; ità enim per univerfum ejus corpus fcatebant pediculi abundabantque, ut duo ejus fervi Æthiopes, nihil aliud curæ haberent, quam ex ejus corpore pediculorum cophinos plenos ad mare, quod prædictam civitatem præterlabitur, portare. Cur. Med. Cent. III. 58.

In connexion with the foregoing feries of complaints, it is proper to mention fome pruriginous affections, which are merely local. I fhall confine my obfervations to the moft troublefome of thefe, feated in the podex, præputium, urethra, pubes, fcrotum, and pudendum muliebre. Itching of the noftrils, eye-lids, lips, or of the external ear, being generally fymptomatic of other difeafes, do not require a particular confideration.

1. Prurigo podicis. Afcarides in the rectum excite a frequent itching and irritation about the fphincter ani, which ceafes on the application of proper medicines. A fimilar complaint often arifes *, independently

* Oribas. De Loc. affect. curat. Lib. IV. c. 94. Mesue Op. pag. 116.

dently of worms, hæmorrhoidal tumors, or other obvious caufes: it affects perfons engaged in fedentary occupations, and may be referred to a morbid fecretion in the parts, fometimes connected with a ftate of general debility. The itching is fometimes accompanied with an eruption of Papulæ or Tubercles: it is not very troublefome during the day-time, but it returns every night foon after getting into bed, and prevents reft for feveral hours. In this manner it continues three or four months, and then ceafes for a time, but is produced again by hot weather, fatigue, watching, or fome irregularity in diet.

This complaint occurs in the decline of life, under a variety of circumftances: Dr. Lettfom thinks it may be confidered "as frequently a preventive of "other difeafes, having obferved many perfons, after "various long indifpofitions, relieved by it's appear-"ance. A gentleman, fixty-eight years of age, who "had long laboured under a diforder of the cheft, "attended with a weak and intermitting pulfe, &c. "was perfectly relieved from thefe fymptoms by the "Prurigo podicis. A favourable termination of the "fame kind happened in the cafe of a perfon who "had been for upwards of three months affected with "Vertigo, and other ftrong fymptoms of an approach-"ing Apoplexy. Another patient was relieved in the "fame manner, after having been much debilitated by

"frequent

"frequent fits of the gout: he imprudently however "endeavoured to allay the troublefome fenfation of "itching, by a ftrong faturnine folution; and after "ufing this application for a few days, he fuddenly "expired in his chair*."

Women, after the ceffation of the catamenia, are often affected with this fpecies of Prurigo, more efpecially in fummer or autumn. The fkin between the nates is rough, and papulated, fometimes fcaly: and a little humour is difcharged after any confiderable friction. Along with this complaint, there is often an eruption of itching Papulæ on the neck, breaft, and back, a fwelling, with inflammation, of one or both ears, and a difcharge of matter from behind them, and from the external meatus auditorius.

It is not fo eafy to allay the Prurigo podicis as might be expected: the repeated application of warm or cold water, of lime-water, or of wafhes made with preparations of lead, have little effect upon it. Vinegar† alone is preferable to any of thefe remedies, but the advantages derived from it's application are not permanent. The fame may be faid of oils, tinctures or folutions of

* Memoirs of the Medical Society, Vol. III. pag. 348.

† Heister's Cases, p. 549.

opium,

opium, and of the tar ointment*. Mercurial ointments are generally the moſt efficacious; and of theſe, the unguentum hydragyri nitratum anſwers beſt.—The antient practice of applying human urine is now ſometimes ſucceſsfully adopted.

Calomel, given internally, is ſaid to have the power of correcting a morbid ſtate of ſecreting ſurfaces. I have found calomel, joined with ſulphur of antimony, beneficial in the preſent complaint. In weak and relaxed habits, which are moſt ſubject to it, the peruvian bark, and chalybeate medicines, facilitate the cure. Since this ſpecies of Prurigo is always much aggravated by intemperance, it becomes requiſite to enjoin a light, cooling diet, great moderation in the uſe of wine, and a total abſtinence from ſpirituous liquors.

The Prurigo podicis ſometimes occurs as a ſymptom of the Lues Venerea. If it be neglected on its firſt appearance, an ichorous diſcharge enſues, and an excoriation of the contiguous ſurfaces extending from the poſterior to the anterior perinæum, and of the

* Hafenreffer, Lib. I. C. 14.

See also Oribas. De Loc. Affect. curat. L. IV. C. 93, and Galen de Comp. Med. sec. loc. L. IX. Cap. 6.

inner part of the thighs in contact with the ſcrotum. The parts affected have a whitiſh appearance, and are covered with a thick, ſebaceous matter, reſembling that which is ſeen on the venereal ulcer of the tonſil. This complaint, being attended with great pain and ſoreneſs, confines the patient to bed, and interrupts his reſt: the ulcerations are, however, ſlight or ſuperficial, not penetrating into the cellular membrane. A mercurial courſe alone is not ſufficient for the cure of this malady; it alſo requires ſome external application. The Vegeto-mineral water with an addition of laudanum may be applied cold every hour, and the ſore may be dreſſed with equal parts of the ung. ceruſſæ acetatæ, and ceratum lapidis calaminaris.

2. The PRURIGO PRÆPUTII, ariſes from an altered ſtate of ſecretion on the glans penis, and inner ſurface of the præputium*. During the heat of ſummer, there is alſo, in ſome perſons, an unuſual diſcharge of mucus, which becomes acrimonious, and produces a troubleſome itching, and often an excoriation of thoſe parts. By waſhing them, from time to time with water, or ſoap and water, the complaint may be gradually removed. The waſhing ſhould be continued long after

* See Turner on Diseases of the Skin, page 218.

the

the inconvenience has ceaſed. If the fluid be ſecreted in too large a quantity under the præputium, that exceſs may be reſtrained, by lotions made with extract of lead, or by applying the unguentum ceruſſæ acetatæ.

3. Prurigo urethralis. A very troubleſome itching ſometimes takes place at the extremity of the urethra in females, without any manifeſt cauſe. It occurs in young women, as well as in thoſe who are of an advanced age. On examination, no ſtricture, nor tumor, can be found along the courſe of the urethra. Probably, however, the itching may be occaſioned by a morbid ſtate of the neck of the bladder, ſince it is, in ſome inſtances, connected with pain and difficulty in making water. The uſe of bougies was recommended for this complaint by the late Dr. Hunter *, and has generally proved ſucceſsful.

An itching at the extremity of the urethra in men, is produced by calculi, and by ſome diſeaſes of the bladder. In caſes of ſtricture an itching is alſo felt, near the place where the ſtricture is ſituated. It may be remarked that ſmall, broken hairs, drawn in from the pubes, between the præputium and glans, and afterwards becoming fixed in the entrance of the urethra,

* See his Lectures.

ſometimes occaſion an itching, or ſlight ſtinging, particularly troubleſome during exerciſe. My friend Mr. Pearſon, Surgeon of the Lock Hoſpital, has ſeen five caſes of this kind, in which he gave immediate relief by extracting the ſmall hair from the urethra.

4. PRURIGO PUBIS. Itching Papulæ often ariſe on the pubes, and become extremely ſore if their tops be removed by ſcratching. They are occaſioned ſometimes by neglect of cleanlineſs, but more commonly by a ſpecies of Pediculus, which perforates the cuticle, and thus derives it's nouriſhment, remaining fixed in the ſame ſituation. Theſe inſects are deſcribed by Linnæus and others*, and termed Pediculi pubis: they do not, however, affect the pubes only, but often adhere to the eye-

* Alterum pediculorum genus, sub axillis, et in pectine, nec non ciliis et superciliis, ut plurimum resident: sunt lati, et cuti ita adhærent, ut unguibus vix avelli queant; Latinis, Plactulæ, quibusdam Morpiones, nonnullis Petalæ, aliis Pessolatæ, Italis Piattoni, Germanis Filts Lause, in Canibus Bacten. Hafenreffer, de Cutis Affectibus, L. I. C. 10.

Compare Aet. Tetrab. II. 3. 64. Actuar. Med. II. 7. Celsus de Medicina, L. VI. C. 6. Mercurialis de Morb. Cut. L. I. Cap. 17. Pechlin Obs. Med. 24.

Linnæus has given the following characteristics of this insect: Antennæ articulis, V. 5. Abdomen porticè emarginatum, pilosumque. Pedes 2 et 3 habent calcar, et digitum cheliformem, quibus arctè adhæret. Sys. Nat. II. pag. 1017. Compare Fabricii Species Insector. II. 477.

eye-brows, eye-lids, and axillæ: they are alſo found on the breaſt, abdomen, thighs, and legs, in perſons of the ſanguine temperament, who have thoſe parts covered with ſtrong hairs. It is remarkable, that they ſeldom or never fix upon the hairy ſcalp. The great irritation produced by them on the ſkin*, ſolicits conſtant ſcratching, by which they are torn from their attachments; and painful tubercles ariſe at the places where they had adhered. When the Pediculi are diffuſed over the greater part of the ſurface of the body, the patient's linen often appears as if ſprinkled with drops of blood.

In attempting to exterminate the Pediculi pubis, it may be occaſionally neceſſary to clear the ſurface, in order to make the applications to it with more convenience. I have uſed ſeveral waſhes and liniments with ſucceſs, but always found ſtrong mercurial † ointment the moſt ſpeedy and efficacious remedy.

5. Prurigo Scroti‡. The ſcrotum is often affected with a troubleſome and conſtant itching from aſcarides

* Turner on Diseases of the Skin, page 159, 162. Tulpius, Obs. Med. 40. Lib. III. Foresti Op. pag. 244.

† See Lorry de Morb. Cut. pag. 570.

‡ Aët. Tetrabibl. IV. 2. 20.

within

within the rectum, or from friction by violent exercise in hot weather, and very usually from the Pediculi pubis. Another and more important form of the complaint appears in old men, sometimes connected with the Prurigo podicis, and referable to a morbid state of the skin or superficial glands of the part. The scrotum, in this case, assumes a brown colour, often also becoming thick, scaly, and wrinkled. The itching extends to the skin covering the penis *, more especially along the course of the urethra; and is very troublesome both by day and night.

The medicines recommended in the Prurigo podicis are likewise applicable † to the present disease. It's obstinacy

* Avicenna, Vol. I. pag. 918. Cap. 23. Serapion, Tract. V. Haly. Pract. VIII. 4. Plater Observat. in Sup. Corp dolor. Lib. II. pag. 501. Forest. Obs. Med. 8 & 9. Lib. XXVI.

† See Aet. Tetrab. IV. 2. 20. Si Psorâ sanatâ pruritus restat aut augetur, aut scrotum humore destillat, nitrum cum staphide agresti et alumine liquido, rosaceo, et aceto dilutum in balneo illiniie jubemus: et e balneo ovi candidum cum melle imponere. Si verò vehemens et intolerabilis est scori pruritus, fæc aceti sicca cum vino madefacta adhibetur, eodem modo velut præcedens medicamentum; illito etiam posteà ovi albumine. Quod si ampliùs adhuc vim ejus augere voles, ustam fæcem accipies. Idem præstat alumen cum melle probe coctum.

Compare Oribas. IV. 94. Paul. Ægin. de Re Med. Lib. III. C. 54. Avicenna, Vol. II. p. 2516. Alsaharav. Tr. XXII. 4.

The

obſtinacy is however in ſome caſes too great to be eaſily palliated; and the application of more powerful remedies becomes requiſite. A lotion prepared with corroſive ſublimate, or red precipitate diſſolved in lime-water, has generally a good effect: If conſiderable excoriations have been produced from ſcratching, or otherwiſe, it is proper to apply previouſly ſome mild unguent, till the cuticle be conſolidated.

6. The PRURIGO PUDENDI MULIEBRIS, is ſomewhat analogous to the Prurigo ſcroti in men *. It is often ſymptomatic in the Lichen, Lepra, and Scaly tetter: it likewiſe originates from aſcarides irritating the rectum, and it is, in ſome caſes, connected with the fluor albus.

A ſimilar affection ariſes in conſequence of the change of ſtate in the genital organs at the time of

The following prescription is in the Book of Secrets, attributed to Galen: R. cerussæ drachmas vi. sulphuris citrini drachmas ii. opii drachmam i. Terantur omnia cum aceto vini aquâ permixto, et appone tribus viçibus.

* De Gynæciis Lib. Galeno attribut.

Compare Serapion, Tr. V. Cap. 6. Mesue, Cap. 12. pag. 134. Alsaharav. Tr. XXIII. Cap. 6.

Pechlini Obs. 24.

puberty,

puberty, attended with a ſeries of moſt diſtreſſing ſenſations. I ſhall, however, confine my attention to one caſe of the diſorder, which may be conſidered as idiopathic, and which uſually affects women ſoon after the ceſſation of the catamenia. It chiefly occurs in thoſe who are of the phlegmatic temperament, and inclined to corpulency. It's ſeat is the labia pudendi and entrance of the vagina: it is often accompanied with an appearance of tenſion or fulneſs in thoſe parts, and ſometimes with inflamed itching Papulæ on the labia and mons veneris. In this diſeaſe, the itching is perpetual and almoſt intolerable, and induces the neceſſity of conſtant friction, with cooling applications, ſo that the patients are compelled to forego the pleaſures of ſociety, and to live in ſolitude. An excitement of venereal deſires alſo takes place from the conſtant direction of the mind to the parts affected, as well as from the means employed to procure alleviation. The complicated diſtreſs thus ariſing renders exiſtence almoſt inſupportable, and often produces a ſtate of mind bordering on frenzy.

Profeſſor Lorry, under the article Intertrigo *, has deſcribed this calamitous ſituation in very ſtrong terms:

* De Morb. Cutan. p. 450.

See Avicenna, L. 3. Fen. 21. Tract. 3. c. 15.

Pruritui

Pruritui illi tum in maribus tum in fœminis jungitur ardor in venerem inexplebilis. Mores et præcepta repugnant, coercet virtus vivax; at manus indocilis in has partes fertur, ſcalpendoque malum irritatur; et animus ipſe in partem operis venit cum artuum tremore et palpitatione. Sedatur vulgò per plurimas horas malum, tuncque omnia tranquilla apparent; at recrudeſcit per paroxyſmos, noctu potiſſimùm afficiens.

Progrediente malo, partes ad aſpectum maculoſæ, maculis flavis vix ſuprà cutem extantibus, diſtinctæ ſunt: Scrotum omnino rugoſum, (ut et labia pudendorum in fœminis), et tempore paroxyſmi prorſus retractum. Erectio penis, et libidinis ardens cupido mentem incendunt. Partes illæ non eruptione Lichenibus ſimili afficiuntur; ſed epidermis rugoſa olet, et alluitur liquore unctuoſo, non lintea maculante, non digitis adhærente, ſed ad ſenſum lubrico.—Longus diuturnuſque morbus eſt, et licet juvenibus caſtiſque aliquo modo ſæpiùs accidat; non tamen rarò illum obſervaſſe contigit in vetulis et anubus; unde utrique ſexui pariter propudioſa renovabatur in extremâ illâ ætate, circà partes ulceroſas, flagrans libido, non durabilis, non effectibus prædita, ſed tam violentâ vi nervos concutiens, ut inde acies ipſa mentis obſcuraretur, et in deliramenta conjicerentur miſerrimi ſenes, ridentibus miniſtris delapſam in cineres facem.

Theſe unpleaſant circumſtances do not, however,

occur in every caſe of the diſorder; and Sennertus has properly diſtinguiſhed it from the Furor uterinus*. Differt furor uterinus a pruritu uteri ſeu pudendi: Pruritus enim iſte in ſenioribus etiam ortus, ſine libidine, et veneris appetitu eſſe poteſt, ſi ſit in pudendis non eo loco qui venerei appetitus primaria ſedes eſt: at ſi ſit conjunctus cum appetitu venereo, ſaltem ſalacitatem parat, et fœminas libidinoſas facit ſine furore. Lib. IV. p. 2. ſect. 3. c. 5.

Deep ulcerations of the parts ſeldom take place in the Prurigo pudendi; but the appearance of Aphthæ on the labia and nymphæ, is not unuſual. From intercourſe with females under theſe circumſtances, men are liable to be affected with aphthous ulcerations on the glans, and inſide of the præputium, which prove troubleſome for a length of time, and often excite an alarm, being miſtaken for chancres. They may however be removed by frequently waſhing the parts with milk and water; and by applying at bed-time the unguentum ceruſſæ acetatæ.

Women, after the fourth month of pregnancy, often ſuffer greatly from the Prurigo pudendi, attended with Aphthæ. Theſe, in a few caſes, have been ſucceeded by extenſive ulcerations, which deſtroyed the

* See also Sauvages De Nymphomaniâ pruriginosâ. Etmuller, De Morb. Mulier. tom. I. pag. 562. Foresti Op. tom. II. pag. 04. and Schenckii Obs. Med. Lib. IV. pag. 552.

nymphæ,

nymphæ, and produced a fatal hectic: ſuch inſtances are however extremely rare. The complaint has, in general, ſome intervals or remiſſions; and the Aphthæ uſually diſappear ſoon aſter delivery, whether at the full time, or by a miſcarriage.

Saturnine lotions afford relief in the ſlighter caſes of the Prurigo pudendi, but cannot generally be depended upon. Saline ſolutions *, lime-water, vinegar, and oily emulſions prepared with fixed alkali, have alſo a temporary good effect. The moſt certain remedy is a ſolution of corroſive ſublimate in lime-water, made by adding half a ſcruple of the former to eight ounces of the latter. The repeated application of it every day has, in ſome caſes, wholly removed the complaint. It's uſe muſt however be poſtponed, when there are rhagades or painful fiſſures of the ſkin, which often occur, and require ſome immediate palliation. On this head moſt of the chirurgical writers have given very copious inſtructions.

Profeſſor Lorry thinks the Prurigo pudendi may be moſt effectually relieved by the warm bath †, or by an

* Alumen frixum confert pruritibus intrinsecis in vulvâ et ano: ponatur super pannum. Avicen. 4. 7. 3. 7.

† Nihil melius est balneis tepidis atque diluentibus cutem fovere: Si verò universali eorum usui aliquid obstiterit, saltem semicupia adhibere fas

an application of the ſteam of hot water. He adds ſome proper cautions againſt the uſe of wine, or ſtrong condiments ; as alſo againſt ſoft ſeats, and down beds, which are the means of exciting too great a heat in the parts affected.

I have employed in this complaint the regimen and internal medicines formerly mentioned under the articles Prurigo formicans and Prurigo podicis, ſometimes with ſucceſs : but I am ſorry to add, that the diſeaſe has, in ſeveral inſtances, proved ſo inveterate as to reſiſt every plan hitherto recommended by medical authors.

The following obſervations reſpecting the Prurigo pudendi muliebris, were communicated to me by Dr. John Sims.

" Having had frequent opportunities of ſeeing this " complaint, I ſhall briefly ſtate the different ſources " from which I have obſerved it to ariſe. As the " itching, in ſome caſes, affects only the parts external " to the labia, and, in other inſtances is wholly confined " to the internal pudendum, it ſeems not improper to " make a diſtinction between the external and internal " Prurigo.

fas est, aut sedilia cava arte facta, quæ aquâ et emollientibus herbis impleveris, undè longâ sessione pars humectetur penitùs, et magna acrimoniæ pars cicuretur. De Morb. Cutan. pag. 574.

See Serapion, Pract. Tr. V. Cap. 7. Alsaharav. Tr. XXII. Cap. 4.

" The

" The external Prurigo arifes from

" 1. Want of cleanlinefs; which, in grofs and cor-" pulent women, occafions a chafing in the groins, or " wherever the folds of the fkin rub on each other. " An acrimonious, and highly fetid difcharge takes " place from the excoriated parts, which have a livid " appearance, and are furrounded by an eruption of " inflamed Papulæ. This complaint, though appa-" rently formidable, is eafily cured by frequent wafh-" ing with water, or foap and water; and by fprink-" ling on the excoriations fuller's-earth or cerufs " powder.

" 2. Pediculi pubis are more frequently the caufe " of this fpecies of Prurigo than might be fuppofed, " for they bury themfelves in the fkin, and being " almoft unknown among decent perfons, may remain " for a long time unfufpected, fince even an exami-" nation for the purpofe will fcarcely detect them. " They are chiefly difcoverable by their nits, which " may be feen attached to the bafes of the hairs, the " infects themfelves appearing only like difcolourations " of the fkin.—Calomel mixed with ftarch-powder, and " applied by a down puff, fpeedily deftroys thefe in-" fects. The fame application continued will prevent " the nits from becoming afterwards troublefome.

" 3. Varices of the veins of the pubes. This ob-" ftinate and painful complaint does not feem to have " been noticed by any writer. It produces a conftant " itching, great tendernefs or forenefs of the part,

" and

" and ſometimes deep ulcerations. In ſeveral caſes, " the itching has been much relieved, and the ulcera- " tions healed, by an unguent compoſed of ſperma- " ceti liniment with a ſmall addition of nitrated quick- " ſilver *. Aſtringent lotions, applied with a view of " ſtrengthening the coats of the veins, did not ſeem to " produce any conſiderable effect.

" 4. An eruption of ſmall, red pimples, with a " highly inflamed baſe. The eruption is accompanied " with, or ſucceeded by, a dryneſs of the cuticle, which " cracks, and diſcharges an acrimonious ichor. This " form of the external Prurigo is the moſt frequent and " troubleſome of any. After trying a variety of appli- " cations, I have found nothing to anſwer ſo well as " the liniment above-mentioned. Along with it, I have " in general preſcribed ſmall doſes of calomel and pre- " cipitated ſulphur of antimony, and ſometimes the " decoction of ſarſaparilla.

" The internal Prurigo ariſes from

" 1. Aſcarides. I have frequently known theſe " worms lodged in the vagina as well as the rectum, " and produce much uneaſineſs. Mercurial and aloetic " purgatives, with injections containing calomel, or " corroſive ſublimate, appear to be the moſt effectual " means of removing them.

* The proportion was twenty or thirty grains of the hydrargyrus nitratus ruber, to an ounce of the linimentum sperm. ceti.

" 2. Vene-

" 2. Venereal warts and ulcers. When the itching " is found to ariſe from a ſyphilitic affection, our atten- " tion muſt neceſſarily be directed to the cure of the " primary diſeaſe. I have, however, obſerved ſmall, " hard, diſtinct tumours, within the labia, which ulce- " rated, and diſcharged a very fetid matter, being not " diſtinguiſhable from chancres; yet the event as well " as the character of the parties, has proved that the " ulcerations were not venereal. It is therefore im- " proper to decide too haſtily on ſuch appearances, " ſince, through want of caution in this reſpect, the " peace of many worthy families may be unneceſſarily " diſturbed.

" 3. Aphthæ. An eruption of ſmall, white ſpecks, " exactly reſembling the Aphthæ in the mouths of in- " fants, often extends over all the ſkin within the labia " pudendi, and produces much uneaſineſs. I have ob- " ſerved this complaint, chiefly in pregnant women; " and have in general removed it by bleeding, and the " uſe of ſaline purgatives.

" 4. Fungous excreſcences. In ſome caſes of into- " lerable itching, I have diſcovered a little fungous " excreſcence growing within the meatus urinarius, " on the removal of which by the lunar cauſtic, the " complaint has been preſently cured. They were " probably caſes of this kind, which the late Dr. " Hunter cured by the application of bougies. I " have obſerved a ſimilar fungous appearance about " the entrance of the vagina, owing perhaps to a diſ-

" eaſe

" eafe of the carunculæ myrtiformes. It produced
" an extreme forenefs of the part, as well as a trou-
" blefome itching, and proved, in fome inftances,
" extremely obftinate. The flighter cafes of it were
" relieved by diligent wafhing with foap and water;
" and by applying the fperma ceti liniment, with about
" a fixteenth part of red nitrated quickfilver.

" 5. Piles. The piles occafion a violent itching about
" the fundament, which frequently extends to the in-
" ternal pudendum, and in many cafes a fimilar vari-
" cofe ftate of the veins is found in the vagina. In this
" cafe, I have prefcribed with advantage the ufe of
" fulphur internally, and, at the fame time, injections
" containing vitriolated zinc.

" 6. Scirrhus. The Prurigo pudendi is not a conftant
" fymptom of fcirrhus in the womb, but I have known
" it, in fome inftances, accompany that calamitous
" malady.

" 7. In the above-mentioned inftances, the caufes of
" the difeafe are eafily afcertained by examination, but
" cafes fometimes occur, in which, without any manifeft
" change in the parts, there is a violent itching, accom-
" panied with fo high a degree of fenfibility, as to render
" the flighteft touch exquifitely painful. In thefe cafes
" relief may be obtained by a decoction of white poppy
" heads or elder flowers, or by lotions containing a large
" proportion of opium. Anodyne clyfters at bed-time
" are likewife ufeful. All cold and aftringent applica-
" tions prove injurious."

ORDER II.

SCALY DISEASES OF THE SKIN.

THE ſecond Order of Cutaneous Diſeaſes includes thoſe affections, which are characterized by an appearance of Scales, ariſing from a morbid ſtate of the cuticle, as ſpecified in the ſecond Definition. The cuticle is not, however, the only ſeat of theſe complaints: they often originate from indurated Papulæ, or larger elevations of the true ſkin, which by preſſure, or diſtenſion, injure the texture of the cuticle, and produce thickened, irregular layers of it. The Scales or Cruſts, thus formed, have not always been diſtinguiſhed from Scabs ſucceeding confluent Puſtules, or ſuperficial Ulcerations, whence we find, in medical writers, ſeveral diſſimilar diſeaſes connected together. I ſhall endeavour to avoid ſuch inaccuracies by ſtrictly obſerving the ſecond, and third Definitions.

The generic diseases of this Order are Lepra, Psoriasis, Pityriasis, and Icthyosis.

I. By the term LEPRA, I mean to express the complaint so denominated by the most accurate of the Greek physicians. It is characterized by scaly patches, of different sizes, but having nearly a circular form. I have observed, in this country, three varieties of the disease, which may be described under the titles of Lepra vulgaris, Lepra alphoides, and Lepra nigricans.

1. The LEPRA VULGARIS at first exhibits small, distinct elevations of the cuticle, which are reddish, and shining, but never contain any fluid; see PL. VIII. A. Their surface, when examined through a magnifying glass, appears tense and smooth; within twenty-four hours, however, thin white scales form on their tops *. After three or four days the small elevations are flattened, and at the same time dilated, by an extension of their bases, to the size of a silver penny, as at B. These

* Nullus est qui non viderit in hominibus, præsertim quos sua ad spurcitiem vitæ redegit inopia, similes in cute nasci, sine humoris exitu, tumores, parvos primum, atque pruriginosos, et tactui asperos. Lorry, de Morb. Cut. p. 366.

Compare Willis Pharmaceut. Rational. Cap. VII. Sect. 3. et Blancard. Instit. Chirurg. C. 16.

patches

patches continue to enlarge gradually, till they become nearly of the ſize of a crown piece. They always retain a circular, or oval form, are covered with dry ſcales, and ſurrounded by a red border. The ſcales accumulate on them, ſo as to form a thick, prominent cruſt, C. (DEF. I.) which is quickly reproduced, whether it fall off ſpontaneouſly, or have been forcibly detached *. On it's removal, the ſurface appears, through a magnifier, to be porous, and irregular, or wrinkled, but the furrows do not coincide with the lines of the contiguous ſound cuticle.—The eruption is not attended with any pain, or uneaſineſs, excepting a ſlight degree of itching, felt when the perſon affected becomes warm in bed, and a ſenſation of tingling upon any ſudden change in the temperature of the atmoſphere.

* Increscunt sensim et sæpe attolluntur in molem lemæ leprosæ. Si nimiâ vi fuerint evulsæ, sanguinem ad basim fundunt, carnemque (ut cum veteribus loquar) seu potiùs basim cutis sanam et rubellam ostendunt, ex quâ tamen novæ crustæ mox succrescunt. Lorry, de Morb. Cutan. p. 366.

See Dr. Falconer's Account of the Lepra Græcorum; Memoirs of the Medical Society of London, Vol. III. p. 369.

It is to be observed that in Dr. Falconer's description of the Lepra, a pustular disease (Impetigo) is also comprized, which is said "to appear on different parts of the body, in the form of itchy pimples, containing matter." These, after breaking, "discharge a thin corrosive humour, by which the parts are sometimes incrusted over as with a rough scaly coat, not unlike the bark of a decayed tree." Pag. 371.

 This

This ſpecies of Lepra ſometimes appears firſt at the elbow, or on the fore-arm, but more generally about the knee. In the latter caſe, the primary patch forms immediately below the patella, as at E. Within a few weeks, ſeveral other ſcaly circles appear along the fore parts of the leg and thigh, increaſing by degrees till they come nearly into contact. The diſeaſe is then often ſtationary for a conſiderable length of time. If it does advance further, it's progreſs is towards the hip, and loins, afterwards to the ſides, back, and ſhoulders, and about the ſame time to the arms and hands. In a great number of caſes, the hairy ſcalp is the part laſt affected *: although the circles formed on it remain for ſome time diſtinct, yet they finally unite, and cover the whole ſurface on which the hair grows, with a white, ſcaly incruſtation. This appearance is attended, more eſpecially in hot weather, with a troubleſome itching, and, when any part of the cruſt is detached, a watery diſcharge takes place, and continues for ſeveral hours. The pubes in adults is ſometimes affected in the ſame manner as the head: and if the ſubject be a female, there is uſually an internal Pruritus pudendi, as has been already obſerved; ſee pag. 95, &c. In ſome

* In one or two instances, the disease began at the occiput, and spread from thence over the scalp, afterwards gradually extending to the arms, body, and lower extremities.

caſes

cases of the disorder, the nails, both of the fingers and toes, are thickened, and deeply indented longitudinally. Either the whole, or some part of each nail is harder, and more prominent, than usual. Under several of them also may be observed one, two, or three, round yellowish specks, which, on advancing to the end of the fingers, in consequence of the growth of the nail, will be found to have originated from a deposition of curdly, sebaceous matter, having an extremely fetid smell.

When the Lepra extends to all the parts above-mentioned, it becomes highly disgusting in it's appearance *, and inconvenient from the stiffness and torpor

* Sejuncti sunt atque separati omnes isti tumores, sed etsi sparsim apparent, si magno numero cutim occupant, certe monstroso aspectu terrent.—Pruritus enormis basim et intervalla crustarum ità occupat, ut noctem insomnem ducere iis necesse sit, aut a somno expergefactis e lecto prosilire. Lorry.

Dr. Falconer remarks, " It is often very uneasy to the feeling, and even rather painful; but this seems to arise principally, if not altogether, from the hardness and stiffness of the skin, which renders motion troublesome. The same circumstances causes the outside of the skin to be insensible to slight impressions of the finger: but no real insensibility of the part affected, or of those adjacent to it, has been observed." Pag. 370.

The violent itching, and irritation noticed by M. Lorry, does not take place in [illegible]r temperate climate, but is, perhaps, severely felt in hot countries.

occa-

occaſioned by it in the limbs. The diſeaſe, however, is ſeldom diſpoſed to terminate ſpontaneouſly. It continues nearly in the ſame ſtate for ſeveral years *, or ſometimes during the whole life of the perſon affected, not being apparently connected with any diſorder of the conſtitution †.

A regular diet, with an appropriate courſe of medicine, acts very ſlowly on the Lepra, yet will at length accompliſh it's cure. The ſteps by which it proceeds to a termination are as follows. Firſt, the incruſtation ſeparates from about the centres of the patches, and is no longer reproduced. The ſcales being farther, and farther removed, a circle of red, ſhining cuticle, deeply indented, appears within the original patch, which ſtill retains a broad, hard, ſcaly ring, or border, as at D D.

* In toto morbo, longissimo quidem, vix variationem aliquam accipiunt phænomena, ità ut per longam annorum seriem in eodem statu remaneant, donec multiplicatâ materiâ obstruantur glandulæ lymphaticæ, cachecticique tandem atque hydropici moriantur, aut tabe pulmonali absumantur ægrotantes: sed pluribus, sine aliquo incommodo, ad senectutem usque propagatur morbus, saltem in pauperiore hominum genere, quibus ipsa facit inopia ut auxilia negligent, dietam aspernentur, et nullam bonis artibus fiduciam adhibeant. Lorry, pag. 367.

† "The appetite, sleep, and strength of the patients have not been apparently affected; and there is very rarely any thirst, or fever attending it." Dr. Falconer, pag. 370.

This

This border continues till the cuticle within it aſſume the uſual colour and texture. It then gradually ſoftens, and the cuticular lines being extended over it, every veſtige of the diſeaſe is eraſed.

There are ſome other circumſtances, in this form of Lepra, which merit attention.

1. The ſcaly patches are generally ſituated where the bone is neareſt to the ſurface, as, along the ſhin, about the elbow, and upon the ulna in the fore-arm; on the ſcalp, and along the ſpine, os ilium, and ſhoulder-blades. They rarely appear on the calf of the leg, on the fleſhy part of the arm and thigh, or within the flexures of the joints.

2. The Lepra almoſt conſtantly affects both ſides, appearing at each elbow or at each knee about the ſame time and extending from thence along the limbs, in a ſimilar manner.

3. Though freſh patches ariſe, from time to time, in different ſituations, there is no alteration in the ſtate of the parts firſt affected, as happens in ſome other Cutaneous Diſeaſes; but when the complaint is about to terminate, all the patches aſſume a favourable appearance at the ſame time, thoſe neareſt the extremities going off ſomewhat later than the reſt.

4. The

4. The incruſtation of the ſcalp (page 108,) encroaches a little on the forehead, and temples; but I have never yet obſerved any of the ſcaly patches on the cheeks, or chin, on the noſe, or near the eyebrows.

5. When the extremities, back, loins, and head, are all at the ſame time covered with dry cruſts, it might be expected that the obſtruction of the perſpiration on ſo large a ſurface would produce diſagreeable conſequences, which, however, is not found to be the caſe.

The tranſlators of the Arabian phyſicians conſtantly apply the term Lepra to the Elephantiaſis of the Greeks, whence ſeveral modern authors have been led to confound thoſe two diſeaſes. It ſeems, therefore, proper to mention the ſymptoms which have been inaccurately transferred, in their writings, from Elephantiaſis to the Lepra Græcorum. Theſe are, baldneſs of the head, diſcolouration or deſtruction of the ſmall hairs of the ſkin, deep ulcerations*, fetid ſweats†, and loſs of ſenſation in

* Amat. Lusitan. cent. II. Turner, Ch. 1 and 2. Bartoldi Prax. Clin. p. 3. Cap. 1. Hafenreffer, I. 15. Caroli Musitani de Tumorib. Cap. 22. Bertrandi Opere Anatomiche, t. IV. articulo 11.

† Jul. Pol Cap. 25. Sennertus, Lib. V. p. 1. Cap. 28.

the

the parts affected *. Several writers have ſaid that the Lepra uſually terminates in Elephantiaſis †, and that it is an incurable malady ‡, aſſertions contradicted by experience.

The Latin authors have not given an accurate deſcription of this ſpecies of Lepra: Celſus probably comprehends it under the generical denomination Impetigo, not having any where employed the term Lepra.

Hippocrates ſpeaks of Lepra as an affection merely ſuperficial, and thinks it ſhould be ranked among external blemiſhes, rather than among diſeaſes §. He was further of opinion that it affects ſome internal

* Sauvages, Nosolog. Med. de Leprâ.

† Mercurialis, de Morb. Cutis, Lib. II. Cap. 5. Dolæi Encyclopæd. Chirurg. Lib. V. Cap. 9. Hollerii Prax. &c.

‡ Fernelii Patholog. Lib. VII. Cap. 4. Nullis hæc cedit remediis; et de ejus curatione vulgus divos implorare solet. Compare Lommii Obs. Med. Lib. II.

§ Εϛι δε τοιαυτα αισχος μαλλον η νοσηματα. Lib. Πεϱι παθων. Pag. 525. Ed. Fœs. See Gal[illegible], εισαγωγη, Cap. 17.

ſurfaces of the body, particularly that of the bladder *, but he had perhaps miſtaken for leprous ſcales a flaky ſediment in the urine, which ſometimes appears in diſeaſes of the bladder.

The deſcriptions of Lepra in Paulus Ægineta, and Actuarius, nearly anſwer to the account I have given of it above. The former exhibits a comparative view of Lepra, and Pſora, as follows. " Both theſe diſ-" orders are characterized by a roughneſs of the " ſurface, with itching, and a deliqueſcence of the " body, which originates from a melancholic humour. " But Lepra affects the ſkin deeply, in circular patches, " and throws off ſcales like thoſe of large fiſhes; " whereas Pſora is more ſuperficial, and variouſly " figured, and throws off bran-like ſubſtances †.

Actuarius, under the head of External Affections, obſerves, " A leſs violent diſeaſe than the Elephantiaſis " is Lepra, ſlighter than which is Pſora, and ſlighteſt

* Lib. V. Epidem. Sect. 3. p. 1146. G. Fœs. Compare Galen. Definit. Med.

† Τȣτων τῶν παθῶν ἑκατερον τραχυσμος της επιφανειας. εςιν, μετα κνησμȣ ϗ αποτηξεως σωματος, εκ μελαγχολικȣ χυμȣ την γενεσιν εχων· Αλλ' ἡ μεν Λεπρα δια βαθȣς επινεμεται το δερμα κυκλοτερως, μετα τȣ φολιδοειδεις αφειναι λεπιδας· η δε Ψωρα επιπολαιοτερα εςιν, ϗ ποικιλως εσχηματισμενη, ϗ πιτυρωδη αφιησι σωματα. Ed. Aldi. IV. 2.

" of

" of all the Lichenes. But the Lepra penetrates deep, " producing circular eruptions, and a colliquefcence " of the flefh, and throws off fcales (lepides), from " whence it alfo derives it's name, whereas the Pfora " is more fuperficial, affumes different forms, and only " throws off certain bran-like fubftances: a roughnefs " and itching of the fkin is common to both *."

* Ηττον δ' εις κακιαν μετα τον Ελεφαντα Λεπρα εϛιν, μεθ' ην Ψωρα, ειτα Λειχηνες· Αλλ' η μεν Λεπρα δια τȣ βαθȣς χωρει, ϗ κυκλοτερη εξανθηματα ποιει, ϗ τινας συντηξεις σαρκος, λεπιδας τε αφιησιν, αφ' ὧν δη ϗ τȣνυμα ειληχει; μηθ' ετω δια βαθȣς της Ψωρας χωρȣσης, ϗ διαφορως σχηματιζομενης, ϗ πιτυρωδη τινα αφιεισης σωματα—Κοινον δε αμφοιν ὁ τε τραχυσμος, ϗ ὁ κνησμος της δερματος. Actuar. de Meth. Med. II. 11.

It is not easy to give in a translation the precise meaning of the terms αποτηξεις σωματος, and συντηξεις σαρκος. Both these expressions seem to be merely hypothetical. The former is supposed to denote a gradual separation, or deliquescence of the morbid humour from every part of the body, and it's future deposition, in the form of scales, upon the surface. The latter perhaps extends the idea still farther, and implies that a portion of the substance of the flesh is dissolved and carried off with the melancholic humour. Galen makes a similar allusion in speaking of the Lichenes, which he supposes to originate from salt phlegm and yellow bile. " Hence," he says, " the scales are formed on the skin, as happens in " vessels containing brine", referring to the incrustation made by the chrystalized salt.

Γινεται δε το παθος ὑπο φλεγματος ἁλμυρȣ, και χολης ξανθης, ενθεν ὡς επι των ἁλμων των κεραμιων, αφιϛανται τȣ δερματος αι λεπιδες. Isagoge, Cap. 13.

Compare Aet. Tetrabibl. II. Serm. 1. Cap. 90. περι συντηξεως. Oribas. Synops. VII. 30. and Paul. Æginet. De Re Medica, Lib. II. Cap. 41.

 Archi-

Archigenes and Aetius likewiſe obſerve that Lepra is rough to the touch, and attended with itching; that the ſkin alone is affected by it, whence, upon excoriation, the fleſh underneath is always found in a healthy ſtate; that Lepra produces large ſcales; whereas in Pſora there is only an appearance of bran-like ſubſtances on the ſkin. Aet. Tetrab. I. Serm. iv.

It is, however, to be obſerved, that ſeveral of the Greek phyſicians uſe the term Lepra in a more extended ſenſe, to expreſs every Cutaneous Diſeaſe which, in it's progreſs, exhibits any appearance of Scurf, Scales, or thin Scabs: thus they comprehend under it the Lichenes, and Pſora, and even ſome forms of the Elephantiaſis, giving to it the ſame extent of ſignification as the Romans have done to the word Impetigo. Galen (De Tumor. Præt. Nat. Cap. 13.) implies an affinity between Lepra and Elephantiaſis, where he ſays, "that Lepra is properly an affection of the ſkin "alone, ſo that if it extend to the fleſh and to the "veins, it ſhould be denominated Carcinus *." He mentions alſo two caſes in which Elephantiaſis was

* Elephantiasis is by all the Greek physicians considered as καρκινος εν ὁλω τω σωματι, a carcinus, or cancer existing in the whole body. Compare Paul. Ægin. IV. 1. Actuar. Med. II. 11.

changed

changed into Lepra* by a particular mode of treatment.

I. F. Serapion, the Arabian, (Breviar. Tr. V. Cap. 4.) includes under a generic title, Alkouba, the Lichen, Pſora, and Lepra of the Greeks. He employs a ſpecific term, Albaras nigra, to expreſs the Lepra, which he deſcribes, and diſtinguiſhes from Pſora, in nearly the ſame terms as Paulus Ægineta has done. Compare Haly Abbas, Theorice, Lib. VIII. Cap. 16. Rhazes, Lib. VI. Cap. 31. Avicenna, Lib. II. Fen. 7. Tr. 3. Cap. 3.

Avicenna uſes the term Albaras nigra in a ſomewhat different ſenſe, employing it frequently to denote the rugged and ſcaly ſtate of the ſkin in Elephantiaſis, Lib. IV. Fen. 3. Tr. 3. cap. 1. and Fen. 7. Tr. 2. cap. 9. —He obſerves, however, in deſcribing the Alkouba, which, in his writings, anſwers to the Pſora, and Lepra of the Greeks, that "there is a Kouba incruſted from "exceſſive dryneſs, and unuſual depth, which is like

* Galen. De Simplic. Med. facult. Lib. XI. and Lib. De Subfiguratione Empiricâ.—These passages relate to the conversion of one form of Elephantiasis into another, in which, according to Celsus, Summa cutis inæqualiter crassa, tenuis, dura, mollisque, quasi squamis quibusdam exasperatur. Lib. III. Cap. 25.

"the

"the black Baras, and like eſchars." See alſo Alſaharav. Pract. Tr. XXXI. Cap. 2.

Of modern writers, ſome arrange this diſeaſe under Impetigo*, ſome under Scabies† or Pſora; and ſeveral of them‡ follow the nomenclature eſtabliſhed by the Latin tranſlators of Arabick, who, as was before obſerved, make Lepra and Barras or Elephantiaſis ſynonymous. We may avoid this confuſion in language, by always uſing the term Lepra to ſignify the complaint ſo denominated by the beſt Greek writers, which has a more diſtinct form, and character, than any other Cutaneous Diſeaſe.

The Lepra is, by ſome writers, ſaid to be both contagious and hereditary. Mercurialis in particular main-

* Fernelius, Sennertus, Langius, Carolus Musitanus, Hoffman, Willis, Blancard, Lommius, &c.

† Fabr. Hildanus, Platerus, Hafenreffer, Corbeius, Heurnius, &c.

Dr. Mead, under the denomination of Lepra, comprehends the Leucè of the Greek writers, although they have carefully pointed out the difference of those two diseases.

‡ Johan. de Gaddesden, Arnaldus de Villa Nova, Gordonius, Gilbertus, Guido de Cauliaco, Alphonso, Paracelsus, Schenkius, Etmuller, &c.

Guido absurdly derives the word Lepra a Lupo, vel a Lepôre nasi. Tract. VI. Doctr. 1. Cap. 2.

tains

tains that Lepra, as well as Elephantiasis, is propagated by contagion, having probably adopted the opinion respecting the affinity of these two diseases *. I am convinced by closely attending to a great number of cases, that the Lepra vulgaris is not contagious; but that an hereditary predisposition to it exists, I can readily admit, having, in several instances, observed it to be thus transmitted. A slow pulse, or a languid circulation of the blood, and, what must generally be connected with it, a harsh, dry, impermeable state of the skin and cuticle, appear to constitute a fundamental part of the predisposition. The morbid effects of such a state of the integuments are most likely to be felt in the decline of life: accordingly, the disease is of more frequent occurrence, and proves more inveterate after the age of forty, than at any earlier period, an observation made long ago by Hippocrates and Galen †.

The secondary causes which contribute to produce this form of the Lepra have not been fully ascertained. Particular kinds of diet, as dried meats, fish, oatmeal,

* Lepra omnis tam Græcorum quam Arabum contagiosa est. Lib. II. Cap. 5. Sennert. V. 1. 29. Hoffman, tom. I. p. 202, &c.

† Galen. III. Prognost. 28, &c. Hippocrat. Prorrhet. Lib. II. sub. fin.

and

and ſome incongruous mixtures of food, are uſually mentioned, but not on ſufficient authority. At leaſt, the diſorder is very frequent in this city and its environs, where the articles of diet above-mentioned are but little uſed. I have not, upon enquiry, traced any foundation for the general opinion, that Lepra is more prevalent in fiſhing-towns on the ſea-coaſt, than in other ſituations. Dr. Willis, who has adopted this idea, mentions as a proof of it, that many hoſpitals were formerly built in Cornwall for the reception of the poor inhabitants of the coaſt, who, from living entirely on fiſh, were much affected with this diſeaſe *. It appears, however, from other authorities, that Dr. Willis, in this inſtance, has fallen into the error of thoſe who confound the Lepra Græcorum with the Elephantiaſis or Arabian Leproſy (pag. 212), for which many Hoſpitals or Lazar-houſes were formerly eſtabliſhed in different parts of Europe †.

The only occaſional cauſes of the Lepra vulgaris that I am able to point out, with any certainty, are expoſure to cold, and moiſture ‡, and the accumulation of ſordes

* Willis Op. pag. 29. 4to.

† Turner, on Dis. of the Skin, p. 8.

‡ Dr. Jackson, Dermatopathologia, pag. 135. & 149.

on

on the ſkin. Thus the diſeaſe frequently affects bakers' and bricklayers' labourers, coal-heavers, duſt-men, laboratory-men, and others, who work among dry, powdery ſubſtances *. Labourers in the metropolis cannot be very attentive to perſonal cleanlineſs, as they have not the advantage of public baths, and are not ſufficiently ſupplied with water in their own houſes. It is ſingular that London, the moſt populous city of Europe, ſhould not be provided with any extenſive accommodation for bathing. Till this defect be remedied, it's inhabitants muſt undergo many inconveniences, and be liable to many diſorders, which are unknown in warm climates, where the frequent uſe of baths has been at all times thought indiſpenſably neceſſary. In the principal towns of antient Greece and Italy, there were Balinea, or public baths, of a great extent. To ſome of theſe, men were admitted, to others, only women, a trifling ſum being paid to the attendants: to others, perſons of the loweſt rank had acceſs without expence †. The ſame practice is continued to the preſent

* See "Reports on the Diseases in London," for 1800, page 303.

† Plin. Nat. Hist. Lib. XXXVI. Cap. 15. L. XXXIII. 12.

Compare Oribas. Med. Collect. Lib. X. Aet. Tetrab. I. Serm. 3.

Paulus Ægineta, after enumerating the advantages of the tepid bath, observes

ſent time, in Greece, Egypt, and Syria. Antient phyſicians conſidered the balnea to be of ſo much importance for the preſervation of health, that they have carefully tranſmitted to us a ſeries of obſervations reſpecting their utility, and the mode of their application. Great advantages might likewiſe be derived from baths in our climate; it is therefore to be wiſhed that they were more general, and of more eaſy acceſs to the lower claſs of people: the frequent uſe of them would not only relieve or prevent Cutaneous complaints, but would be uſeful in a variety of internal diſeaſes.

2. Lepra alphoides. In this form of Lepra, the ſcaly patches are ſmaller than in the Lepra vulgaris; they alſo differ by having their central parts a little depreſſed. PL. IX. Fig. 1. The eruption uſually begins about the elbow, with diſtinct, hard protuberances, not much larger than Papulæ, and of a dull red colour. Theſe in a ſhort time dilate to nearly the ſize of a ſilver penny. Two or three days afterward the central part of them ſuffers a depreſſion, within which, minute white ſcales may be obſerved. The ſurrounding border, however, ſtill continues to be raiſed, but it retains the ſame ſize and the ſame red

observes that "it is equally proper for men and women, for children and "old people, for magistrates and private citizens." Lib. I. Cap. 51.

colour

colour as at firſt. All the fore-arm, and in many caſes the back of the hand, is ſpotted with ſimilar patches, which ſeldom become confluent; but there is ſometimes a white incruſtation round the point of the elbow. This eruption appears in the ſame manner upon the joint of the knee, but without ſpreading far along the thigh or leg. I do not remember to have ſeen it on the trunk of the body, nor on the face.—It is a diſeaſe of long duration, and not leſs difficult to cure than the foregoing ſpecies of Lepra: even when the ſcaly patches have been removed by a perſeverance in the uſe of ſuitable applications, the cuticle remains for a long time red, tender, and brittle; but the ſmall hairs of the ſkin are not deſtroyed, nor altered in their colour, and texture, as ſome authors have ſtated: (ſee page 112).

The exciting cauſes of this complaint are nearly the ſame as thoſe of the Lepra vulgaris. It chiefly affects women and children: I have repeatedly ſeen it in thoſe who are employed to dreſs flax, hair, or feathers.

The Lepra Alphoides, above deſcribed, ſeems to have been ranked by the antients with the White Alphos *. According to Galen †, the Alphos is a

* Dr. Burges, Gulstonian Lectures. See Hist. Morbor. Vratislavens. Ann. 1702. p. 139.

† Isagoge, & De Simp. Med. Facult. VI.

ſlighter affection, and leſs rough, than the common Lepra. He further obſerves, and after him likewiſe Oribaſius and Aetius, that this diſeaſe affects the ſurface of the body, but does not penetrate into the fleſh, and, that the patches appear like ſcales affixed to the ſkin *. Celſus, who copies ſome of the earlier Greek writers, has given a deſcription of the Alphos in the following terms. Αλφος vocatur, ubi color albus eſt, ferè ſubaſper et non continuus, ut quædam quaſi guttæ diſperſæ eſſe videantur. Interdum etiam latiùs, et cum quibuſdam intermiſſionibus, ſerpit †. He has, however, claſſed under the ſame generic title (Vitiligo), the Alphos, and another diſeaſe, termed by the Greeks Leuce, in which portions of the ſkin become ſmooth, white, and ſhining, the colour of the hairs upon them is changed to white or yellowiſh, and the muſcular fleſh beneath is altered both in it's colour and texture ‡.—

* Των Αλφων ἡ γενεσις ὁμοειδης μεν εϛι τῃ Λευκῃ ϗ τῃ Λεπρᾳ, ου μεν αυτης δί ολȣ πεποιθυιας της σαρκος εν τω βαθει, αλλ' επιπολης τȣ δερματος· ὁιον λεπιδες τινες επιπεπηγασιν ὁι Αλφοι, λευκοι μεν εκ φλεγματος, μελανες δε εκ μελαγχολικȣ χυμȣ γιγνομενοι. Galen. de Sympt. Causis, Lib. III. Cap. 2.

Ο' δε Αλφος επιπολαιος εϛιν, ϗ ὡσει λεπιδες προσπεπηγε τω δερματι. Aet. Tetrab. IV. 1. 134.

After having made the above observations, do these authors consistently state that Lepra differs from Alphos in being rough and without itching?

† De Medicinâ, Lib. V. Cap. 28.

‡ Aetius, ex Galeno et Archigine, De Leuce, et De Leprâ, Tetrab. IV. Serm. 1. Cap. 133-4.

Hippo-

Hippocrates ſeems to diſtinguiſh the Leuce from the Alphos. He obſerves that the latter ſhould be conſidered as an external blemiſh, rather than a diſeaſe *, but he ſpeaks of the Leuce as a diſtemper of the moſt fatal kind †. Celſus himſelf makes the ſame diſtinction: Αλφος et Μελας, in quibuſdam, variis temporibus oriuntur, et deſinunt; Λευκη quem occupavit, non facilè dimittit. The lateſt Greek authors maintain the identity of the Alphos and Leuce, obſerving that the Alphos ſometimes penetrates beneath the ſurface, and whitens the hairs on the parts affected ‡.—We may therefore conclude that the Greeks expreſſed, by the term White

* De Affectionib. Sect. 5. See above, pag. 113.

† Prorrhet. Lib. II. ad finem.

Γινονται δε Λευκαι μεν εκ των θανατωδεϛατων νοσηματων, ὁιον κὴ ἡ νȣσος ἡ Φινικη (φοινικιη) καλεομενη.

Compare Galen, Isagoge, Cap. 13, who likewise observes that the Lichenes, Alphos, Psora, and Lepra, may be cured without much difficulty, and by nearly the same plan of treatment. De Simpl. Med. Facult. Lib. XI. 6.

‡ Λευκαι δε προς τȣς Αλφȣς τον αυτον εχȣσι λογον ὃν ἀι Λεπραι προς τας Ψωρας· ἀι μεν γαρ Λευκαι το πλεον δια βαθȣς χωρȣσι, και τας εκειθεν τριχας τοιαυτας προβαλλονται· ὁι δε Αλφοι εξ επιπολης εισι· εσθ' ὁτε δε κὴ αυτοι προβαινοντες δια βαθȣς χωρȣσι, ὡς κὴ τας τριχας λευκας φυειν.

Paul. Æg. Lib. IV. C. 6. & Actuar. II. 23. MS. in Soc. Med. Londinens. Bibliothec.

Alphos,

Alphos, two different appearances, one of which preceded the Elephantiasis, the other being connected with Lepra. I have endeavoured to make a sufficient distinction by arranging the latter, with an altered denomination, under it's proper genus.

Most of the Arabian physicians express the White Alphos, and the Leuce, by the terms Alauzah (or White Albohak), and White Albaras, and are of opinion that the diseases, so denominated, only differ in degree, or extent. Alsaharavius, apparently anxious to comprize in his work all the observations of preceding writers, has distinguished three varieties of Albohak *, the black, the white, and the clayey: the last of them coincides with the scaly Alphos of the Greeks, or the Lepra alphoides above described.

* This term is rendered Morphea by those who have translated the works of the Arabian physicians into Latin.

Morpheæ sunt tres species; una est quæ similatur terræ, alia nigra, et alia alba. Quæ similatur terræ fit duobus modis; quià aut erit cum eâ pruritus, et resultabunt ex eo squamæ similes furfuribus tritici, aut erit plana, sine pruritu, et æqualis cutis corporis superficiei: apparet in æstate vel quando ingreditur quis aquam, vel exponit se soli; et hæc species facilis est curationis. Alsaharav. Tract. XXXI. Cap. 3.

Compare Serapion, Tract. V. Cap. 5. and Avicenna, Lib. IV. Fen. 7. Cap. 9, 10, who remarks that the terms Alauzah (Alguada), and White Bohak, are synonymous.

3. The LEPRA NIGRICANS does not much differ from the Lepra vulgaris with reſpect to it's form or diſtribution. The moſt ſtriking difference is in the colour of the patches, which are dark, and livid, as repreſented, PL. IX. Fig. 2. They appear firſt on the legs and fore-arms, extending afterwards to the thighs, loins, neck, back, and hands. Their central part is not depreſſed as in the Alphos. They are ſomewhat ſmaller than the patches of the Lepra vulgaris, and have a livid or purpliſh border. The ſkin likewiſe appears of a livid colour through the ſcaly incruſtations, which are ſeldom very thick. It is further to be obſerved, that the ſcales are more eaſily detached than in the other forms of Lepra, and that the ſurface remains longer excoriated, diſcharging lymph, often with an intermixture of blood, till a new incruſtation forms, which is hard, brittle, and irregular. This complaint is particularly troubleſome when it covers the ſcalp.

The Lepra nigricans affects ſoldiers, ſailors, ſculler-men, ſtage-coachmen, butchers, brewers' labourers, and others, whoſe occupations are attended with much fatigue, and expoſe them to cold and damp, and to a precarious, or improper mode of diet.—Women habituated to poor living, and conſtant hard labour, are alſo liable to this diſeaſe.

A ſoldier

A ſoldier in the guards, during the active campaign of 1794, in Flanders, obſerved on his fore leg, above the knee, and in the palms of his hands, ſmall ſcaly circles, ſurrounded by a purpliſh border. Some of theſe increaſed, within a month, from the ſize of a ſixpence to that of a half crown piece. Other ſimilar patches appeared, in ſucceſſion, on his arms, on the fore-part of the neck, on the thighs, loins, and back. They were very ſore, and tender, and were kept bleeding, or diſcharging, in conſequence of the violent exerciſe he was obliged to take. He firſt obſerved them in October, after a long, fatiguing march, in which the men of his detachment had been obliged to ſleep in the open air. About ſix weeks afterward, he was taken to a temporary hoſpital in Holland, being affected with a violent Fever, which ſpread among the troops by contagion. He was brought over, while yet in a delirious ſtate, to the York Hoſpital at Chelſea, where he recovered from the Fever in two or three weeks, but nearly loſt the ſight of his right eye. When he firſt came to me, March 24th, 1795, the central parts of the patches were red, and without ſcales, the ſurrounding borders being livid. Around the red centre of every patch, there was a ſemitranſparent incruſtation, through which the livid colour of the ſkin was viſible. April 24th, I ſaw this patient a ſecond time. No alteration, he ſaid, took place in the cutaneous complaint after the

the Fever. Some of the firſt patches on his arms, neck, &c. were ſcarcely diſcernible; but freſh ones of the uſual form, and colour, had appeared, from time to time, in other places. The friction of his gaiters removed the ſcales, and left his legs almoſt conſtantly ſore, and bleeding, in conſequence of which he was diſcharged from military ſervice.

I obſerved in two perſons, who came from India affected with the Lepra nigricans, that the patches ſucceſſively ulcerated, but at length healed ſpontaneouſly with a concave though not a very deep cicatrix.—An account of the Lepra, as it appears in a hot climate, is yet wanting in medical ſcience.

In the Venereal diſeaſe, circular patches ſometimes appear, which reſemble thoſe of the Lepra nigricans in ſize and colour, but which are not incruſted. The dryneſs, and harſhneſs of the ſkin, ſo remarkable in the Lepra vulgaris and alphoides, do not occur in the venereal Lepra, it's patches, when ſomewhat advanced, being as ſoft and pliable as other parts of the ſkin. *It is, however, proper to obſerve that every patch originates from a ſmall hard reddiſh protuberance, PL. X. A. A. As this gradually dilates, the increaſe of

* J. Pearson, surgeon.

it's circumference is not attended with an increaſing elevation at the center; on the contrary, the ſides of the patch are ſomewhat raiſed, and the central part of it appears a flat ſurface covered with thin, white ſcales, B B B. The patches are generally diſtinct, and at a diſtance from each other: I have ſeldom ſeen any of them exceeding the ſize of a ſhilling; yet it is probable they might acquire a greater magnitude, if the progreſs of the diſeaſe were not early arreſted by the uſe of mercury. When the conſtitution is under the full influence of this remedy, the ſides of the patch ſhrink, and become paler C. C. C.; the centre is alſo depreſſed D. D.; but the deſquamation proceeds ſlowly; and the diſeaſe cannot be removed without a perſeverance in the courſe for ſix or eight weeks. A circular red ſpot uſually appears for ſome time in the place of every declining patch, and a minute ſhallow depreſſion, like a cicatrix, is left at the centre; but no permanent diſcolouration of the ſkin remains, as in ſome other caſes. The Leprous form of the Syphilis takes place, like other venereal eruptions, at very different periods after infection, in different caſes. If no medicines were employed, it would at length terminate in ulcerated blotches.

The Lepra nigricans is probably comprized under the denominations of Black Alphos (Melas), and Black Albohak,

Albohak, in the writings of ancient authors. On comparing their accounts, we find that ſome of them repreſent the Black Alphos as ſmooth and ſhining like the Leuce, while others aſſert that it is rough and ſcaly*. By this inaccuracy reſpecting the Black as well as the White Alphos, page 125-6, they have led ſucceeding writers to conjoin the Lepra and Elephantiaſis, diſeaſes generically different.

In the treatment of Lepra, the Greek phyſicians always premiſed bleeding and ſtrong purgative medicines; but they ſeem to have depended chiefly on external applications, ſuch as alum, ſulphur, nitre, lupines, cabbage leaves, elm bark, the dung of goats, mice, and foxes, human urine, and the gall of bears. They likewiſe uſed ſeveral vegetable and mineral ſubſtances, which had a corroſive or veſicating quality, as hellebore, colophonia, the roots of white lily, onion, bryony, aſphodel, ranunculus, and anemone, the ſeeds of muſtard and horſe radiſh, quicklime, vitriol, &c. Remedies of this kind, or even bliſters, are, however, found to have only a temporary effect, their

* See Aet. Tetrabl. IV. Serm. i. Cap. 131. T. F. Serapion, Breviar. Tract. V. Cap. 4. Haly F. Abbas, Theorice, Lib. VIII. Capitul. 16. Avicenna, Lib. IV. Fen. vii. Tr. 2. Cap. 9.

operation being ſoon ſucceeded by a reproduction of the ſcaly cruſts.

Liniments compoſed of tar, or of ſome mercurial preparations, have been much employed both in ancient and modern practice; but, I think, frequent bathing, or waſhing, is the external remedy moſt advantageous in the two firſt ſpecies of Lepra *. Dr. Willis, from ſome theoretical notions †, was averſe to warm-bathing, or the external uſe of any mineral water: I am, however, well aſſured that the Sulphureous waters of Harrowgate, Croft, and Moffat, whether applied externally or internally, prove very uſeful in the Lepra. Much advantage may alſo be derived from baths prepared with a ſolution of alcalized ſulphur, and marine ſalt.

* See Aet. Tetrabibl. I. Serm. iii. Cap. 167.

† Balnea sulphurea, tum naturalia, tum artificialia minùs convenire, imò priora sæpiùs officere, crebrâ experientiâ deprehenditur: quinetiam Balneatio quæcunque cautè admodùm adhiberi debet; nam quatenùs administratio hæc sanguinem exagitat et effervefacit, crasin ejus plus dissolvere, et corruptelas in cutim uberiùs suffundere periclitatur. Willis de Medicamentorum Operatione, Sect. iii. Cap. 7.

His censure on the Bath waters is very severe.—Novi plures haud graviter impetiginosos Bathoniam nostram ad balneandum in aquis calidis profectos indè prorsùs leprosos rediisse.

Dr.

Dr. Falconer's remarks on the uſe of the Bath waters, in this complaint, deſerve attention. He ſays, "The "method in general purſued is, to order the patients to bathe twice or thrice a week, according to their age, ſtrength, and other circumſtances. This, after a few times trial, commonly cauſes an abatement of the itching, and an incipient deſquammation of the leprous eruption, and of conſequence renders the ſkin ſofter and more pliable. This courſe is accompanied with a direction to drink the waters, which at a medium are taken in the quantity of about a pint daily, and are thought thus to ſecond the good effects of the bath, by promoting an eaſy and gentle perſpiration. If the amendment appears to proceed according to expectation, no other medicines are given, but occaſionally ſuch as are opening, if the body be coſtive *."

* "The whole number of persons admitted into the Bath hospital for this disease in the space of four years, viz. from June 12, 1775, and their state when discharged was as follows:

Whole number admitted - - - - - - -	83
Of whom were cleansed - - - - - - - -	52
Much better - - - - - - - - - -	24
Died of the Small-pox - - - - - - -	1
Irregular in behaviour, and discharged without a sufficient trial of the waters - - - - - - -	2
State in which they were discharged omitted in the Register."	4

Bathing

Bathing in ſea-water may be mentioned as a certain auxiliary in the cure of Lepra. It is uſual, and ſeems proper, firſt to uſe a bath of warm ſea-water, till the ſkin be ſoftened, and the ſcaly incruſtations removed; after which a cure is ſoon obtained, eſpecially in young perſons, by bathing in the open ſea *. As the diſeaſe is apt to recur in winter, or in ſpring, the ſame plan may be requiſite for ſeveral ſucceſſive ſummers; but I have known it, by perſeverance, finally eradicate the complaint.

A ſimple warm bath, with moderate friction, likewiſe contributes to remove the ſcales and to produce a ſoft, red ſkin, which, in time, regains the uſual colour and texture. This plan is ſufficient in the ſlighter caſes of Lepra, without the uſe of internal remedies. If the diſeaſe affects the extremities only, bathing the whole body is not neceſſary; it may be enough to apply ſteam, or warm water, frequently to the diſordered parts.

Of the mercurial preparations employed externally (Page 130), ſublimate (hydrargyrus muriatus) diſſolved in ſpirit of wine, and the unguentum hydrargyri nitrati, ſeem moſt efficacious in reſtoring the cuticle after the le-

* Russel, De Aquæ Marinæ usu, Pag. 37.

prous

prous crufts are removed: I do not, however, think the latter preferable to the tar-ointment which Dr. Willis, and others, have recommended. This may be ufed in the forms mentioned by Dr. Willis *, or as prepared in the London Difpenfatory. It fhould be well rubbed upon the parts affected every night, and carefully wafhed off, the following morning, with warm water, or with a flight alcaline lotion. Befides removing the fcales, and foftening the fkin, it has a powerful effect in allaying that troublefome itching which often attends the difeafe.

Refpecting the internal remedies ufually directed at prefent, in cafes of Lepra, I have had occafion to make the following remarks:

1ft, That antimonials, fulphur, and nitre, have not alone any confiderable efficacy.

2dly, That decoctions of emollient herbs, of guaiacum-wood, farfaparilla †, mezereon, or of elm-bark ‡, which have been recommended as fpecifics, by no means deferve that character.

* Willis, De Medic. Operat. pag. 294.

† Sennertus, Lib. V. 1. 28.

‡ Dr. Lysons.

3dly,

3dly, That calomel, hydrargyrus calcinatus, pilulæ hydrargyri, or mercurial frictions applied so as to produce salivation, do not remove the disease.—The only preparation of this mineral which makes any considerable impression on the Lepra, is the sublimate or hydrargyrus muriatus *. The spirituous solution of it in small doses continued for a length of time, proves very useful; and it's operation may be promoted by giving at the same time an antimonial, with any of the decoctions above mentioned.

4thly, That the nitrous, and muriatic acids, lately recommended in obstinate cutaneous eruptions, though successful in some cases of Lepra, have been given in other cases for three or four successive months, without any manifest advantage.—I have observed, on the

* "The acrid mercurial preparations have been much in use in this disease. The solution of corrosive sublimate, both that in water, and that in spirits, have been given, and continued a long time, and joined with decoction of the woods, and of sarsaparilla. I am inclined to think some considerable advantage must formerly have been believed, at least, to have been produced by the use of such preparations, as the name of guttæ ad Lepram was affixed to a solution of this kind in the old Pharmacopœia of the Hospital, and I have been told, by persons whose observation I could not but respect, that in some obstinate cases they had seen much advantage from such a course continued for some time. I cannot, however, affirm the same from my own experience, though I do not mean to deny it altogether." Dr. Falconer, p. 375.

whole,

whole, more beneficial effects, in this disease, from a medicine of an opposite quality, the caustic alcali, or aqua kali puri of the London Dispensatory. The dose of it may be twenty, or thirty drops, to be given thrice a day, in a cupful of any mild fluid.

In obstinate cases of Lepra I have used with success the mineral solution recommended by the late Dr. Fowler *. The doses he prescribes are larger than is necessary, and may prove injurious in cases requiring a frequent repetition of the medicine. It may, however, if cautiously administered, be taken not only with safety, but with the greatest advantage. My experience is confirmed by that of Dr. Girdlestone, physician at Yarmouth, who has kindly transmitted the following observations on the subject.

" After having often successfully employed the mi-

* His prescription is as follows:

R. Arsenici alb. in pulv. subtiliss. triti,

Kali ppti. aa gr. 64.

Aquæ fontan. distillat. lb. ſs.

Immittantur in ampullam Florentinam, quâ in balneo positâ, aqua lentè ebulliat donec arsenicum perfectè solutum fuerit: solutioni frigidæ adde

Spir. Lavend. co. unc. ſs.

Aquæ font. distillat. lb. ſs. plùs, minùs, adeò ut solutionis mensura lb. j accurata sit, vel potius pondere (Troy weight) unciæ quindecim cum dimidiâ.

 neral

neral ſolution in meſenteric, and other ſcrofulous affections, I made trial of it in ſeveral caſes of Lepra, Lichen, Prurigo, Tinea capitis, &c. &c. It ſeldom failed to remove theſe complaints, but I thought it moſt efficacious in the Lepra. I have generally preſcribed the ſolution at firſt in very ſmall quantities, and never perſiſted in a doſe which was productive of any inconveniency. Five or ſix drops, taken three times a day, will be the largeſt doſe requiſite for an adult. Children ſhould not take more than one, two, or three drops twice in the day. A man who took eight drops, had, after the third doſe, an effloreſcence over all his body, and an eryſipelatous appearance on the face. An infuſion of ſenna was then directed for him, and in two days the redneſs of the ſkin having diſappeared, he began to take the ſolution again, in doſes of four drops, and thus preſently removed his complaint."

" In another caſe, after the diſappearance of the Lepra, there was an eruption of large biles on the nates, which, however, gradually dried up, and gave no farther trouble.

" The inſipidity of the ſolution tempts ſome perſons to injure themſelves by exceeding the aſſigned doſes, I therefore uſually combine it with an equal quantity of the tincture of caſcarilla, gentian, or cinnamon, or preſcribe it in a draught made with the decoction of ſarſaparilla. Many ladies, and others without medical knowledge,

knowledge, give the ſolution in very improper doſes to perſons affected with Intermittents, more eſpecially to children. I have often ſeen this incautious practice occaſion ſickneſs, pains of the abdomen, hæmorrhage from the noſe, cough, jaundice, and dropſy. I am inclined to attribute the cough to the action of the medicine on the liver, ſince large doſes of it always give an icteric colour to the urine, and the ſymptoms excited preſently yield to calomel, with or without opium.

"We ought not to abandon an uſeful remedy becauſe it has been abuſed.—I have myſelf given the mineral ſolution in ſome hundreds of caſes, and when the neceſſary precautions were obſerved, I have never ſeen any diſagreeable effects from it.

"In thoſe unfortunate caſes, where mercury at firſt relieves, but afterwards aggravates the ulcerations, I have ſeen the arſenical ſolution, with ſmall doſes of opium, prevent the extenſion of the ulcers, when the nitric acid, muriate of lime, ſarſaparilla, and other boaſted remedies had been adminiſtered without effect.—Under the direction of a cautious practitioner, I think that arſenic and mercury, given alternately, might be made to aſſiſt each other in the cure of many diſeaſes.

"Although by the mineral ſolution I have been able to mitigate, in a ſhort time, ſeveral cutaneous diſeaſes, particularly the Lepra, yet experience has taught me

 not

not to expect a cure in less than six or seven weeks. After it has disappeared for a considerable time, the Lepra sometimes returns, but in a slighter degree, and in such cases I have found it presently yield to the same remedy. Moderate doses of calomel become necessary for those who are costive, while they take the solution: but if it produce disorder of the bowels, the fourth of a grain of opium should be given with it twice or thrice a day.—When the complaint is attended with a troublesome itching, lotions prepared by dissolving muriate of quicksilver in rose-water, or in lime-water, generally afford relief.

"In the Prurigo senilis, or Herpes senilis, washing the skin every night and morning with warm water, and a strict attention to diet, will greatly assist the medicine."

Several other remedies are mentioned by authors, of which it may be proper to take some notice.

Black and white hellebore were much employed by the ancients in Lepra, Elephantiasis, and other diseases of the skin. They chiefly made use of the roots of the black hellebore, in combination with water, wine, or honey. The modes of preparing it, the proper doses, and other particulars, are related at large by Oribasius, Medicin. Collect. Lib. VII. & Lib. VIII. Cap. 3, 6. This remedy

remedy has been given, in general, as a purgative, and it acts with great violence. I have occafionally prefcribed, in cafes of Lepra, and other fcaly difeafes, the tincture of black hellebore, regulating it's dofes fo as not to diforder the bowels, and I think it has fome efficacy, but not more than the mineral remedies already mentioned.

The flefh of vipers was given in the Elephantiafis by Galen, and others, who likewife recommend it in the fcaly Pfora, and Lepra. Oribafius obferves, that " Viper's flefh is of a drying, moderately heating, and powerfully refolving quality: it's operation is exerted more efpecially on the fkin, through which it expels recremental fubftances from the body: fcales feparate from the fkin, and there is a renovation of the cuticle, which is the ufual feat of the Pfora, Lepra, and Elephantiafis*." This is confirmed by Platerus, Turner, Sauvages and Bertrandi, and by fome others who profefs to have made actual experiments on the fubject. They did not employ the flefh of vipers, but the dried powder or a decoction of it. Perhaps we fhall be difpofed to diftruft their account, when we are further informed by them, that equal advantages accrue to

* De Virtute Simplic. Lib. II.

the

the patient from living on pullets fed with viper's fleſh *.

Tincture of cantharides has been often preſcribed for the Lepra Græcorum, as on the authority of Dr. Mead †, who, however, recommends it only in caſes of Elephantiaſis, or Leproſy of the Arabians. I have preſcribed this tincture in the Lepra alphoides, and have given it combined with Peruvian bark in caſes of the Lepra nigricans, but without any manifeſt advantage. Dr. Falconer ſays, " The tincture of cantharides has not " anſwered to the character given of it. I have ſeveral " times tried it without being able to perceive any " effect worth remarking from it: it did not appear " even to ſhew any effect as a diuretic."

Cucumbers have been thought advantageous in Lepra and other ſcaly diſeaſes of the ſkin. Heurnius (Comment. in Hip. Aph. 20. L. III.) has endeavoured to demonſtrate their utility by an account of a particular

* Æger prandio et cænâ comedet pullum gallinaceum sequenti modo saginatum. Viperæ viventes, abscissis capite et caudâ, pelle nudatæ, exenteratæ in frustula dissecentur, et cum hordei probè mundati manipulis duobus vel tribus, bulliant in aquâ donec hordeum rumpatur, fiatque pasta quâ pulli alantur, qui igne assi ægro comedendi sunt. De Morb. Cutan. a Medico Monspêliensi. pag. 304.

† Med. Sacr. pag. 24.

caſe.

cafe. Cuidam nobili viro, huic morbo implicito, fecui venam, præparavi, purgavi, tandem helleboro albo ufus; topica præclara admovi; theriacâ pugnavi—omnia fruftrà. Tandem ufu cucumerum evafit. His conditis etiam utebatur toto anno. Dr. Willis (de Medicam. operat. fect. iii. cap. 7.) confirms the above teftimony, and advifes the ufe of cucumbers preferved in vinegar; he alfo recommends a watery infufion of them when cut in flices, or a decoction of the leaves and fruit, for a diet drink.

Another medicine, faid to be of great efficacy in this difeafe, is mentioned by Marcellus the Roman phyfician, de Medicamentis, cap. 19. Herba quæ Britannice dicitur cibo vel potui fumpta, intrà diem fextum Lepræ moleftiam tollit. The plant defcribed, under this title, by Diofcorides, and by fome of the Greek phyficians *, was probably not the fame as that with which the Roman troops, under Germanicus, became acquainted during their encampment in Friefland, the natives having taught them it's ufe in the Stomacace, and Scelotyrbe, or Scurvy †. Notwithftanding the laborious

* In Dioscorides, Apuleius, Neophytus, &c. the Britannica is confounded with Betonica. See Dodonæi Herbar. Magn.

† Frisii, quà castra erant, nostris demonstravere illam. Plin. Nat. Hist. Lib. XXV. Cap. 3. Britannica ex oceani insulis extrà terram positis portatur.

rious inveſtigations of Muntingius, and his endeavour to reconcile the Greek and Roman writers on the ſubject, it ſeems clear that the Britannica of Pliny and Marcellus was one of the ſpecies of Cochlearia. On this point the obſervations of Lobel deſerve attention. Qui Friſiam cochleariam antiquorum Britannicam profitentur, commodiùs ſuam opinionem tuerentur ſi ſcirent in Anglia ad amœniſſimi Thameſis fluenta, quà Londinum præterlapſus eſt, etiamque in Briſtoiæ ſinu occidui oceani, quò allidunt per ſtata incrementa undæ, aliam eſſe congenerem et ſimilem illi, flore, ſemine et ſapore, ſed foliis non æque umbilicatis, aut cochleatis, potius atriplicem, aut Lapathiolum effigiantibus, unciam latis, inque ſeſquiunciæ aut unciarum duarum longitudinem porrectis, craſſis denſis, et ſucculentis; guſtu et colore alterius Cochleariæ; radice majore, ut qualibet ſui parte, minùs tamen aſtringente, nec commodâ ad ea quæ ſuæ Britannicæ Dioſcorides attribuit; tametſi, æque ut ſuperior, laudatâ ad Stomacacen, et Scorbutum, quibus vehementer afflictos ægros aliquot hujus ope jutos vidimus ſuperiore vere.

Lobelii Stirp. Adverſar nova. P. 121.
De Cochleariâ Anglicâ.

tatur. Lib. XXVI. Cap. 1. Pliny, who describes this plant as having black leaves, and a black root, had perhaps only seen it when dried, and long kept.

Dr.

Dr. Crichton, formerly phyſician to the Weſtminſter Hoſpital, now at St. Peterſburgh, has favoured me with the following particulars reſpecting the uſe of Solanum Dulcamara, or Bitterſweet, in the cure of Lepra.

"It is now upwards of ſeven years ſince I firſt tried the Dulcamara for the cure of obſtinate diſeaſes of the ſkin. I was induced to do ſo by the peruſal of a ſhort, but well written practical eſſay on the ſubject by the learned Profeſſor of Botany in the univerſity of Goettingen, Dr. Althoff. This gentleman relates ten caſes of Cutaneous eruption, which he deſcribes as analogous to the Itch, but not the true Itch, all of which were cured by this remedy. He confeſſes, at the ſame time, that it failed in a number of others. Profeſſor Althof, and the other German phyſicians who employ it, ſeem to have taken their hint concerning it from the eſſay of Monſ. Carrere on the Dulcamara.

"Out of twenty-three caſes of Lepra Græcorum, in which I have tried it, two only have reſiſted it's action. All the others were completely cured. That I was not miſtaken in the nature of the complaint you yourſelf can teſtify, as you have ſeen two or three of the caſes alluded to, and in all the others the appearance of the diſeaſe was ſimilar.

"The true Lepra is the only diſorder of the ſkin in which I would venture to aſſert the Dulcamara will generally effect a cure. Next to Lepra it appears to me to do moſt good in Pſoriaſis and Pityriaſis. As to Rheumatiſm, for which it has been ſo highly praiſed by Boerhaave, Sauvage, Carrere, Werlhof and others, I have not found it at all equal to the remedies which are generally employed in this country for the removal of that painful and troubleſome diſorder. I exhibit the Dulcamara as follows:

"R. Stipitum Dulcamaræ unciam j.
"Aquæ puræ libram iſs: decoque ad libram j; et
"liquorem frigefactum cola.

"Of this decoction I generally deſire the patient to take two ounces, at firſt, every morning, noon and evening; but I afterwards increaſe the quantity until the pint is conſumed every day. At the ſame time I order the patient to waſh the ſkin with a ſtronger decoction, which greatly accelerates the cure. The remedy ſeldom begins to exhibit any evident good effects for the firſt eight days.

"It ought to be remarked that the Dulcamara, when firſt exhibited to very delicate people, and hyſterical women, often produces ſyncope and ſlight palpitation of

of the heart, now and then nauſea and giddineſs; theſe ſymptoms always ſhew that the quantity exhibited is too large. If a ſmaller doſe be given, and any aromatic tincture be added to it, ſuch as the compound ſpirit of lavender, it ceaſes to produce ſuch uneaſy ſymptoms."

None of the remedies above mentioned are particularly ſerviceable in the Lepra nigricans. This form of the diſeaſe requires, in the firſt place, a regular, and nutritive plan of diet, with moderate exerciſe: it may be afterwards wholly removed by the uſe of bark, and the mineral acids, ſea-bathing, &c.

ORDER II.

II. PSORIASIS;

DRY OR SCALY TETTER.

TWO very different diſeaſes are deſcribed under the title of Pſora, by the Greek phyſicians—the one puſtular at it's commencement, but terminating in ſuperficial ulcerations, and under ſome forms contagious, termed ψωρα ἑλκωδης*, ulcerated Pſora—the other ſcaly or cruſtoſe, denominated ſimply Pſora, or ſometimes rough Pſora, leprous Pſora†, &c. As the latter is never contagious, and does not agree, either in it's appearances or tendency, with the ulcerated Pſora, it cannot, with

* Galen. Introductio. & de Diff. Puls. IV. 1. Aristot. Problem. sect. 7. Aet. Tetrabibl. IV. i. 126 & 127. Oribas. Synops. VII. 8. Paul. Æg. IV. 2. Actuar. Meth. Med. I. 23. Jul. Polluc. Onomasticon. Cap. 25. § 3.

† Ψωρα τραχυτερα, λεπρωδης, τυλωμενη, &c. See Aet. IV. i. 130. 134. & 127. Galen. de Med. fac. Lib. XI. & Comment. in Lib. VI. Epidem. & Aph. 77. Lib. IV. &c.

ſtrict

ſtrict propriety, be joined with that, or any other puſtular complaint *. I ſhall therefore refer the Pſora ἑλκώδης to a ſubſequent Order of Cutaneous Diſeaſes †. I think it alſo neceſſary, in the preſent ſeries of them, to expreſs the ſcaly Pſora by a diſtinctive appellation: for this purpoſe, the term PSORIASIS ‡, which the Greek writers themſelves employ, ſeems in all reſpects ſuitable. The diſeaſe to be thus entitled, is characterized by a roughneſs and ſcalineſs of the ſurface, ſometimes continuous, ſometimes in ſeparate patches of various ſizes, but of an irregular figure, and for the moſt part accompanied with rhagades or fiſſures in the ſkin. From the Lepra it may be diſtinguiſhed not only by the different form, and diſtribution of the patches,

* See Pringle on the Diseases of the Army, Part III. Chap. 8.

† Gen. Impetigo.

‡ Ψωρίασις is more especially applied to express a scaliness of the eyelids and corners of the eyes, also a rough, and scaly state of the scrotum, attended with great itching, and occasionally with excoriation. Galen de Oculis, Cap. 9, and Definit. Med. The bladder was supposed by the ancients to be affected internally with Lepra or Psoriasis, when the urine was thin and acrimonious, and deposited a flocculous, or branny sediment: see Hippoc. Epid. V. sect. 7. & de Natur. Hom. sect. 3. Alex. Trallian. Lib. IX. Cap. 7, &c.—Since the term Psoriasis, in all the above instances, implies an appearance of scales, it may be allowable to express other forms of the scaly Psora under the same generic title.

as formerly ſtated from the Greek writers (page 114), but alſo by its ceſſation and recurrence at certain ſeaſons of the year, and by the diſorder of the conſtitution with which it is uſually attended.

Celſus has given a brief deſcription of the Pſoriaſis, which he conſiders as a ſpecies of Impetigo. "Alterum genus eſt pejus, et ſimile Papulæ ferè, ſed aſperius, rubicundiuſque, figuras varias habens: ſquamulæ ex ſumma cute decidunt; roſio major eſt; celeriùs, et latiùs procedit, certioribuſque, quam prior, temporibus, et fit, et deſinit: Rubra cognominatur." De Medicinâ, Lib. V. Cap. 28.

The Pſoriaſis is ranked by the Arabians with the Lichen, and Lepra Græcorum, under the title of Alkouba. It is deſcribed by Serapion, as "an eruption of Bothor (Papulæ) in various figures, attended with roughneſs, itching, chops, &c. and with an appearance of branny ſcales." According to Haly Abbas, "Eſt aſperitas quæ in ſuperficie accidit cutis, et ad nigredinem declinat, aliquando ad ruborem*."

Since

* Theorice, Lib. VIII. Capit. 16. In the next sentence he gives the diagnostics of Lepra, established by the Greek physicians; see page 114. Petiginis autem chronicæ et diuturnæ in quâ non excoriatur cutis, signa

Since the year 1500, this complaint has been deſcribed by ſome medical writers under the denomination of Pſora or Scabies ſicca *, by others under that of Impetigo †.

It would be poſſible to comprize in a connected detail all the forms of Pſoriaſis ‡, but as the appearances it aſſumes are very different, ſome advantage may ariſe from diſtinguiſhing them by different titles: I ſhall therefore deſcribe the moſt ſtriking varieties,

signa sunt, quod in profundo est membri, et squamulæ ab eâ tolluntur rotundæ quales piscium videmus squamas.—Compare Serapion Breviar. Tr. V. Cap. 4. and Avicenna, quoted above pag. 117.

* Mercurialis, Hafenreffer, Platerus, Etmuller, and Hoffmann. The last author likewise terms it Scabies ferina, Impetigo, and Psora leprosa.

† Manardus, Fernelius, Amatus, Sennertus, Willis, Lommius, Harduinus, Heurnius, Plenck, &c.

‡ Dr. Willis has endeavoured to execute this plan in his treatise De Medicam. Operat. c. vii. s. 3. He observes, in his preface to it, Quum affectûs hujus appellationes variè confundantur, et forsan quoad naturam et rationem ejus formalem in diversis regionibus diversimodè habuerit, neque prorsùs idem sit in nostro hoc seculo ac fuit olim; idcircò non ex libris, sed ex propriâ ægrotantium observatione, morbum hunc describere satagam.

It is, however, necessary to remark, that the Lepra vulgaris and alphoides are included in Willis's description.

which

which I have remarked, under the titles Psoriasis guttata, Psoriasis diffusa, Psoriasis gyrata, Psoriasis palmaria, Psoriasis labialis, Psoriasis ophthalmica, Psoriasis præputii, Psoriasis scrotalis, Psoriasis unguium, Psoriasis infantilis, Psoriasis inveterata. A general view of the causes of this disease, and of the remedies for it, will be sufficient.

I begin with the PSORIASIS GUTTATA, as most nearly allied to the Lepra vulgaris and Alphoides.

This complaint appears in small, distinct, but irregular patches of laminated scales, with little or no inflammation round them. The patches very seldom extend to the size of a sixpence: they have not an elevated border, nor the oval or circular * form by which all the varieties of Lepra are distinguished; but their circumference is sometimes angular, and sometimes goes into small serpentine processes. PL. XI. Fig. 1. The scale formed upon each of them is thin, and may be easily detached, leaving a red, shining surface. The patches are often distributed over the greatest part of the body, but more particularly on the back part of the neck, the breast, arms, loins, thighs and legs. They appear also on the face, where they are red, and more

* Verum non semper sunt rotundæ, vel formæ regularis, sed variiformes existunt. WILLIS.

rough than the adjoining cuticle, but not covered with ſcales.

The Pſoriaſis guttata often appears on children, in a ſudden eruption attended with a ſlight diſorder of the conſtitution, and ſpreads over the body within two or three days. In adults it commences with a few ſcaly patches on the extremities, proceeds very gradually, and has a longer duration than in children. It's firſt occurrence is uſually in the ſpring ſeaſon, after violent pains in the head, ſtomach, and limbs: during the ſummer it diſappears ſpontaneouſly, or may be ſoon removed by proper applications; but it is apt to return again early in the enſuing ſpring, and ſo continues for ſeveral ſucceſſive years. When the ſcales have been removed, and the diſeaſe is about to go off, the ſmall patches have a ſhining appearance, and they retain a dark red, intermixed with ſomewhat of a bluiſh colour, for many days, or even weeks, before the ſkin is reſtored to it's uſual ſtate.

In the Venereal Diſeaſe, an eruption ſometimes appears, which very much reſembles the Pſoriaſis guttata, differing from it only by a ſlighter degree of ſcalineſs, and by the livid red, or dark roſe colour of the patches. PLATE XVI. Fig. 1. The patches vary in their extent from the ſize of a ſilver penny, to that of the ſection of

a pea, but they are not exactly circular. They rise at first very little, if at all, above the cuticle; as soon, however, as the scales appear on them they become sensibly elevated, and sometimes the edge or circumference of the patch is higher than the little scales in it's centre. This eruption is usually seen upon the forehead, and breast, between the shoulders, or in the inside of the fore-arms, in the groins, about the inside of the thighs, and upon the skin covering the lower part of the abdomen *.

When mercury is administered, the small scales are soon detached, and fall off, but the dark colour still remains, though it becomes gradually fainter under the continued influence of the medicine; and some vestiges of the cutaneous affection are distinguishable for two or three weeks after all the venereal symptoms have been removed. For a much longer period, a slight depression, or ciatrix, of a white colour, will be seen at the points which constituted the centres of the patches.

This kind of eruption exhibits a whitish appearance on the skin of the Negro; and when desquamation has taken place, it leaves the surface of a darker colour than that of the surrounding parts: this blackness dis-

* J. Pearson.

appears

appears more ſlowly than the copper colour from the ſkin of an European affected with the diſeaſe.

The Syphilitic Pſoriaſis guttata is attended with, or is ſoon followed by, an ulceration of the throat. It appears about ſix or eight weeks after chancres have been healed by too ſhort a courſe of mercury: a ſimilar appearance takes place at nearly the ſame period, in ſome caſes where no local ſymptoms had been noticed. When a venereal ſore is in a diſcharging ſtate, this eruption, or other ſecondary ſymptoms often appear much later than the period above mentioned. They may alſo be kept back for three months, or longer, by an inefficient application of mercury. If no medicines be employed, the ſyphilitic form of the Pſoriaſis guttata will proceed during ſeveral months, the number of the ſpots increaſing, and their bulk being ſomewhat enlarged, without any other material alteration.

2. The Psoriasis diffusa ſpreads into large patches irregularly circumſcribed, reddiſh, rough, and choppy, with ſcales interſperſed *. It commences, in general,

* Cognoscitur morbus, quòd cutis dura, sicca, aspera, et quasi squamosa redditur: adest pruritus; et malum indies latiùs serpit, et ab exiguo initio sese latè diffundit. Sennert. Med. Pract. V. 1. 30. De Impetigine. Compare Plater, tom. II. cap. 17.

with numerous minute aſperities, or elevations of the cuticle more perceptible by the touch, than by ſight. Upon theſe, ſmall, diſtinct ſcales are ſoon formed, which adhere by a dark central point, while their edges may be ſeen white and detached. In the courſe of two or three weeks, all the intervening cuticle becomes rough, and choppy, appears red, and raiſed, and wrinkled, the lines of the ſkin ſinking into deep furrows. The ſcales which form among them are often ſlight, and repeatedly exfoliate. See PL. XII. Fig. 1. Sometimes without any previous eruption of Papulæ, a large portion of the ſkin becomes dry, harſh, cracked, reddiſh, and ſcaly, as above deſcribed. In many caſes the diſorder commences with ſeparate patches of an uncertain form and ſize, ſome of them being ſmall, like thoſe in the Pſoriaſis guttata, ſome much larger. See PL. XI. Fig. 2. The patches gradually expand till they become confluent, and nearly cover the part or limb affected. In other inſtances, both the Pſoriaſis guttata, and diffuſa occur as a ſequel of the Lichen, eſpecially after frequent returns of that diſorder: See page 47.

The parts moſt affected by the Pſoriaſis diffuſa are the cheeks, chin, upper eye-lids, and corners of the eyes, the temples, the external ear, the neck, the fleſhy parts of the lower extremities, and the fore-arm from the elbow to the back of the hand along the ſupinator

muſcle

muſcle of the radius: The fingers are ſometimes nearly ſurrounded with a looſe, ſcaly incruſtation, and the nails crack and exfoliate ſuperficially. The ſcaly patches likewiſe appear, though leſs frequently, on the forehead and ſcalp, on the ſhoulders, back, and loins, on the abdomen, and inſtep. This diſeaſe occaſionally extends to all the parts above-mentioned, at the ſame time; but in general it affects them ſucceſſively, leaving one place free, and appearing in others, ſometimes again returning to it's firſt ſituation.

The Pſoriaſis diffuſa is attended with a ſenſation of heat, and with a very troubleſome itching, eſpecially at night: it exhibits ſmall, ſlight, diſtinct ſcales, having leſs diſpoſition than the Lepra to form thick cruſts. (DEF. II.) The chops or fiſſures in the ſkin, which uſually make a part of this complaint, are very ſore and painful, but ſeldom diſcharge any fluid. When the ſcales are removed by frequent waſhing, or by the application of ointments, the ſurface, though raiſed or uneven, appears ſmooth and ſhining, and the deep furrows of the cuticle are lined by a ſlight ſcalineſs. Should any portion of the diſeaſed ſurface be forcibly excoriated, there iſſues out a thin lymph, mixed with ſome drops of blood*, which ſlightly ſtains, and ſtiffens

* See Plenck, Doctr. de Morb. Cutan. Pag. 87.

the

the linen, but ſoon concretes into a thin dry ſcab: this is again ſucceeded by a white ſcalineſs gradually increaſing, and ſpreading in various directions. As the eruption declines, the roughneſs, chops, ſcales, &c. diſappear, and a new cuticle is formed, at firſt red, dry, and ſhrivelled, but which, in two or three weeks, acquires the proper texture.—The whole duration of the complaint is from one to four months, and in ſome caſes much longer.

Symptoms of general diſorder attend the firſt appearance of the Pſoriaſis diffuſa, as head-ach, inappetence, pain or ſickneſs at ſtomach, pains, cramps and coldneſs of the extremities, with a ſenſe of univerſal languor, and debility. During the progreſs of the eruption, theſe ſymptoms abate, or wholly diſappear; but they precede almoſt every return of it. The returns uſually take place in autumn, or early in the ſpring; but the complaint differs much in different years, both as to it's extent, and to the violence of the preceding ſymptoms. The eruption is, indeed, often confined to a ſingle ſcaly patch, red, itching, and chapped, of a moderate ſize, but irregularly circumſcribed. This ſolitary patch is ſometimes ſituated on the temple, or upper part of the cheek, frequently on the breaſt, the calf of the leg, about the wriſt, or within and a little below the elbow joint; but eſpecially at the

lower

lower part of the thigh, behind. In any of these situations it continues several months, without much observable alteration. Some persons are constantly affected with the Psoriasis diffusa for a series of years, but in such cases there is usually an aggravation, or extension of it, at the periods above mentioned.

The complaint denominated the BAKERS' ITCH, which often affects bread-bakers, is the Psoriasis diffusa on the back of the hand. It commences with one, or two small, rough, scaly patches, and finally extends from the knuckles to the wrist. The rhagades, or chops and fissures of the skin, are numerous about the knuckles, and ball of the thumb, and where the back of the hand joins the wrist. They are often highly inflamed, and painful, but there is no discharge of fluid from them. The back of the hand is a little raised or tumefied, and, at an advanced period of the disorder, it exhibits a reddish, glossy surface, without crusts, or numerous scales. PL. XIII. The deep furrows of the cuticle are, however, for the most part whitened by a slight scaliness. This complaint is not general among bakers: that it is merely aggravated by their business, and that it only affects those who are otherwise disposed to it, may be concluded from the following circumstances. 1. It disappears about midsummer, and returns in the cold weather at the beginning of the year.

2. Persons

2. Perſons conſtantly engaged in the buſineſs, after having been once affected with the eruption, ſometimes enjoy a reſpite from it for three or four years. 3. When the buſineſs is diſcontinued the complaint does not immediately ceaſe.

The SUGAR BAKERS' or GROCERS' ITCH has ſome affinity with the Bakers' Itch or Tetter; but, being uſually a puſtular diſeaſe at it's commencement, it properly belongs to another genus.

Waſherwomen, probably from the irritation of ſoap, are ſometimes affected with a ſimilar ſcaly diſeaſe on the hands and arms, or on the face and neck, which, in particular conſtitutions, proves very troubleſome, and of long duration. The diſorder is repreſented PL. XII. Fig. 2. as it uſually appears, with the ſcales ſeparating in large, circular flakes. In ſome inſtances, they have a quadrangular figure, being formed by deep cuticular furrows interſecting each other nearly at right angles.

The Venereal diſeaſe ſeldom aſſumes the form of the Pſoriaſis diffuſa. Such an appearance does, however, ſometimes occur, as in the ſpecimen exhibited PL. XVI. Fig. 2. but it is perhaps conſtituted by an enlargement or confluence of the patches in the ſyphilitic

form

form of the Lepra, or Pſoriaſis guttata (page 129, 153.) when their progreſs has not been interrupted by a courſe of medicine.

3. The PSORIASIS GYRATA is diſtributed in narrow patches or ſtripes, variously figured: ſome of them are nearly longitudinal, ſome circular, or ſemicircular, with vermiform appendages: ſome are tortuous, or ſerpentine, others are ſhaped like earth-worms or leeches; the furrows of the cuticle being deeper than uſual, make the reſemblance more ſtriking, by giving to them an annulated appearance. There is a ſeparation of ſlight ſcales from the diſeaſed ſurface, but no thick incruſtations are formed. The arrangement of theſe patches is ſingular: I have ſeen a large circular one ſituated on each breaſt above the papilla; and two or three others of a ſerpentine form, in correſponding ſituations along the ſides of the cheſt. The back is often variegated in like manner, with convoluted tetters ſimilarly placed on each ſide of the ſpine. They likewiſe appear in ſome caſes on the arms and thighs, interſecting each other in various directions.—A ſlighter kind of this complaint affects delicate young women and children in ſmall ſcaly circles or rings, little diſcoloured: they appear on the cheeks, neck, or upper part of the breaſt, and are moſtly

confounded with the herpetic or puſtular Ringworm.

The Pſoriaſis gyrata has intermiſſions like the Pſoriaſis diffuſa; it alſo exhibits, in ſome caſes, diffuſe ſcaly patches on the face, ſcalp, or extremities, while the trunk of the body is chequered with the singular figures above deſcribed.

In the coloured repreſentation of the Pſoriaſis gyrata PL. XIV. the ground only of the Tetters appears, the ſcales having been every where removed, excepting on the neck, and at the back of the head.

An appearance of the venereal diſeaſe ſomewhat reſembling that of the Pſoriaſis gyrata is repreſented PL. XVI.* in which ſeveral of the Tetters have the form of a creſcent, a horſe-ſhoe, or of the figure 8; others are in rings, either oval, or circular, the central part being neither ſcaly, nor diſcoloured. Small ſcales ſeparate repeatedly from the rings, which, in their denuded ſtate, exhibit the dark-red ground uſually obſerved in venereal eruptions. The rings, creſcents, &c. conſtituting this disorder, are ſometimes, at their firſt appearance, compoſed of ſmall dark-coloured Papulæ, reſembling thoſe deſcribed under the article Lichen ſyphiliticus (Page 56.): ſometimes the ſcalineſs is preceded

ceded by an efflorefcence (DEF. VI.) confifting of patches, diffufed in the fame kind of figures over the face, limbs, and different parts of the body. This rafh continues more or lefs vivid, for many weeks, or even months, before defquamation commences: it is always attended with febrile fymptoms, headach, emaciation, and violent pains of the limbs.

When this form of the venereal difeafe has fubfifted for a long time without any check from medicines, the circles, &c. become confiderably enlarged, and the fcaly rings are at length formed into fuperficial ulcerations, comprizing a circular area of found fkin, two inches or more in diameter, on which the ulcerations do not encroach, though they frequently fpread outwards to the breadth of half an inch or an inch. Thefe ulcerated rings appear between the fhoulders, upon the back, and fometimes on the fkin covering the abdomen, more feldom, I think, on the arms and legs.

4. Psoriasis palmaria. This very obftinate fpecies of Tetter is nearly confined to the palm of the hand. It commences with a fmall, harfh, or fcaly patch, which gradually fpreads over the whole palm, and fometimes appears in a flighter degree on the infide of the fingers, and wrift; See PL. XV. The

 furface

ſurface feels rough, from the detached and raiſed edges of the ſcaly laminæ: it's colour often changes to brown, or black, as if dirty, yet the moſt diligent waſhing produces no favourable effect. The cuticular furrows are deep, and cleft at the bottom longitudionally in various places, ſo as to bleed on ſtretching the fingers: There is uſually a ſenſation of heat, pain, and ſtiffneſs in the motions of the hand. The complaint is moſt troubleſome in winter or ſpring; in ſummer and autumn it ſometimes diſappears, leaving a ſoft, dark red cuticle; but many perſons have it for a ſeries of years, with only very ſlight remiſſions. Every return, or aggravation of it is preceded by an increaſe of heat, and dryneſs, with intolerable itching.

Shoemakers are ſubject to this complaint from the irritation of the wax they ſo conſtantly employ. In braziers, tinmen, ſilverſmiths, &c. it ſeems to be produced by handling cold metals. A long prediſpoſition to it, from a weak, languid, hectical ſtate of the conſtitution, may give effect to different occaſional cauſes. I have obſerved it in women after lying in: In ſome perſons it alternates with arthritic complaints.

During the Pſoriaſis palmaria, a roughneſs and ſcalineſs, with thickening of the ſkin, often takes place on the ſoles of the feet; but rhagades, or fiſſures, are ſeldom

ſeldom formed there, becauſe the feet are conſtantly kept warm and covered.

We often obſerve in Syphilis, rhagades or fiſſures, and indurated patches within the palm of the hand, ſomewhat reſembling the Pſoríaſis palmaria. The venereal patches are, however, diſtinct, white, and elevated, having nearly the conſiſtence of a ſoft corn; and from the rhagades there is a ſlight diſcharge, of an offenſive ſmell. The patches appear without rhagades on the ſoles of the feet; but the toes and fingers are not affected in venereal caſes. When the diſeaſe yields to the operation of mercury, the indurated portions of cuticle ſeparate, and a new ſmooth cuticle is formed underneath.

5. Psoriasis labialis. The Pſoriaſis ſometimes affects the prolabium without appearing on any other part of the body. It's characteriſtics are, ſcalineſs intermixed with chops, and fiſſures of the ſkin. The ſcales are of a conſiderable magnitude, ſo that their edges are often looſe while the central points are attached. A new cuticle gradually forms beneath the ſcales, but it is not durable: in the courſe of a few hours it becomes dry, ſhrivelled, and broken, and, while it exfoliates, gives way to another layer of tender cuticle, which ſoon in like manner periſhes.

Theſe

Theſe appearances ſhould be diſtinguiſhed from the ſlight chops, and roughneſs of the lips, which are produced by very cold or froſty weather, and which are eaſily removed. The Pſoriaſis labialis may be a little aggravated by froſt, or ſharp winds, yet it receives no material alleviation in warm weather: it is not indeed confined within any certain limit, or period of duration, but continues, in ſome caſes, through all the ſeaſons. The under lip always ſuffers more than the upper; and the diſeaſe eſpecially affects perſons whoſe lips are full and prominent. In a man who had had it for thirty years, I obſerved that the gums, and inſide of the upper lip, were conſiderably corroded, and that his arms were covered with a thick incruſtation.

6. Psoriasis ophthalmica. When the Pſoriaſis is diffuſed over the face (p. 156.), it frequently occaſions an itching, and inflammation of the eye-lids, with a watery diſcharge from the eyes. I apply the title Pſoriaſis ophthalmica to caſes, in which theſe ſymptoms are violent, and long continued, without an eruption on other parts of the body. The diſeaſe begins about the external canthi, or angles of the eyes, producing a bright redneſs of the ſkin, with a ſmooth, ſhining, and ſomewhat moiſt ſurface. The edges of the eye-lids near the canthi become thickened and rigid:

rigid: the inner ſurface of the eye-lids appears redder than uſual, but the redneſs does not extend to that portion of the tunica conjunctiva, which covers the anterior part of the globe of the eye. I have ſeen, in many venereal caſes, a complaint reſembling the Pſoriaſis ophthalmica: it was, however, always attended with ſyphilitic eruptions on the face, or other parts. Authors have not diſtinguiſhed it from the uſual venereal lippitudo, affecting the ball of the eye.

The term Pſoriaſis ophthalmica, as applied above, is not preciſely ſynonymous with Pſorophthalmia, under which title ancient authors include ulcerations of the tarſi and angles of the eye, and perhaps the ſtrumous Ophthalmia*.

7. The PSORIASIS PRÆPUTII often accompanies the Pſoriaſis palmaria: It is characterized by a ſcalineſs, with painful fiſſures, and thickening of the præputium.

* Galen (De Oculis, cap. 9.) divides the Psora of the eyes into four species, Psorophthalmia, Trachoma, Sycosis, Tylosis.—In the Defin. Med. he says, Ψωρα εςι δριμυταῖȣ ῥευμαῖος γιγνομενη αναϐρωσις ταρσων, η κανθων, μεῖα κνησμȣ.

Paulus Ægineta (III. 22.), and Actuarius (II. 7.), define Psorophthalmia, "an itching Psoriasis of the eyelids," to which Aëtius adds, that it is attended with redness and ulceration at the angles of the eye, with inflammation of the eyelids, and with a discharge of salt tears. Tetrab. II. iii. 66.

These

Theſe ſymptoms, being uſually attended with a phymoſis, render connubial intercourſe difficult or even impracticable. In ſome caſes, both internal medicines, and external applications, diſappoint our expectation, and the patient can only be relieved by circumciſion. This complaint ſhould be carefully diſtinguiſhed from the Venereal Phymoſis, in which ſcales, and fiſſures of the ſkin do not occur.

8. Psoriasis scrotalis. The ſkin of the ſcrotum may be affected in the Pſoriaſis diffuſa like other parts of the ſurface of the body; but ſometimes a roughneſs and ſcalineſs of the ſcrotum appears as an independent complaint, with much heat, itching, tenſion, and redneſs. Theſe ſymptoms are ſucceeded by a hard, thickened, brittle texture of the ſkin, and by painful chops, or excoriations*, which are not eaſily healed. The itching and irritation are much increaſed by changes of temperature, eſpecially on undreſſing or getting into bed. This complaint is moſt ſevere in autumn or in ſpring, and uſually diſappears in ſummer, when the weather is ſettled. It is often produced under the ſame circumſtances as the Prurigo ſcroti (pag. 93-4.) of which it appears in ſome caſes to be the

* Aëtius, (IV. ii. 20.) and Galen, (Defin. Med.) say that the Psoriasis scrotalis is sometimes attended with ulceration. Ψωριασις εστι σκληροτης του οσχεου, μετὰ επιτεταμενου κνησμου, εσθ᾽ ὅτε δε μεθ᾽ ἑλκωσεως.

ſequel.

ſequel. A ſpecies of the Pſoriaſis ſcrotalis likewiſe occurs in the Lues venerea, but does not merit particular attention, being always combined with other ſecondary ſymptoms of the diſeaſe.

9. The Psoriasis unguium ſometimes occurs alone, but it is uſually connected with ſcaly patches on the arms, hands, &c. In ſome caſes, the nails from the middle appear brown or yellowiſh; they bend upwards, and are ragged at the ends and rough on the ſurface. In other caſes, they are thickened, deeply indented, and bent downwards over the ends of the fingers.

10. Psoriasis infantilis. Infants between the ages of two months and two years are occaſionally affected with the Dry Tetter. Irregular, ſcaly patches, of various ſizes, appear on the cheeks, chin, breaſt, back, nates, and thighs: they are ſometimes red, and a little rough or elevated, ſometimes excoriated, then again covered with a thin incruſtation, and laſtly interſected by chops or fiſſures; PL. XV. Fig. 2. The general appearances do not much differ from thoſe of the Pſoriaſis diffuſa; but there are ſeveral peculiarities in the Tetter of infants which require a diſtinct conſideration:

1. It is, in ſome caſes, ſucceeded by inflamed puſtules, which ſuppurate; (Phlyzacia, DEF. X. 1.)

2. It is attended with an obſtruction, or ſnuffling, in the noſtrils, occaſioned by a morbid ſecretion, and by ſcabs formed internally.

3. When the eyelids are affected with this complaint, the hairs of the eyebrows, and the eyelaſhes frequently fall off.

4. The ſcaly patches are interſperſed with ſmooth ſhining elevations of the cuticle, a little flattened at the top, and having a circular or oval baſe. They are ſometimes reddiſh, ſometimes of the uſual colour of the ſkin. A ſlight ſcale is formed on ſome of them, but many of them undergo no alteration for a length of time. The face, back, breaſt, and extremities are equally liable to be affected with this eruption. It likewiſe appears on the nates, and about the anus. In the laſt ſituation it frequently ſuppurates, and, in every reſpect, ſo much reſembles venereal tubercles, that the moſt accurate eye can ſcarcely make a diſtinction. It is no leſs difficult to diſtinguiſh the general appearance of the Pſoriaſis infantilis from the ſcaly patches, which occur, in infants, as ſecondary ſymptoms of

of the Lues venerea. The latter are for the moſt part accompanied with a ſore throat, and a peculiar hoarſe ſound in the child's crying, which aſſiſts thoſe who are attentive and experienced, in forming a diagnoſis. Though other criteria from external appearances would, in theſe caſes, be particularly deſirable, I am ſorry it is not in my power to eſtabliſh ſuch as are preciſe and ſatisfactory. I can only therefore adviſe practitioners, not to be haſty in judging from mere inſpection, and never to decide till they are juſtified by collateral circumſtances.

11. The PSORIASIS INVETERATA * is characterized by an almoſt univerſal ſcalineſs, and a harſh, dry, thickened ſtate of the ſkin: PL. XIII. Fig. 2. It begins with a few irregular, though diſtinct, patches on the extremities. Others appear afterwards on different parts, and, becoming confluent, ſpread at length over all the ſurface of the body †, except a part of the face, or ſometimes the palms of the hands, and ſoles of the feet. The ſkin

* This complaint was termed by the antients Psora agria; rough and inveterate Psora, &c. See Aët. Tetrabibl. IV. i. 113. 126. & 130.

† Affectus, nisi per medicinam cohibeatur, in pluribus usque locis ebulliens, & latiùs ubique serpens, tandem haud solùm membra integra sed et totum corpus vitiligine leprosâ obducit. Willis de Medic. Operat. pag.

ſkin is red, deeply furrowed or wrinkled, ſtiff, and rigid, ſo as ſomewhat to impede the motion of the muſcles, and conſequently the flexure of the joints. The production and ſeparation of ſcales is ſo rapid, that large quantities of them are found in the bed on which a perſon affected with this diſeaſe has ſlept. They fall off in the ſame proportion by day, and being confined by the linen, excite a troubleſome and perpetual itching. An incruſtation of the ſcalp is formed in the manner ſtated under the article Lepra vulgaris, pag. 108. The nails of the fingers and toes become convex, and are thickened at their extremities: a frequent renewal of them alſo takes place, the new nails ſoon aſſuming the morbid form*. The thumb and fingers are enlarged, and contracted at their articulations, or in ſome caſes retorted. On the abdomen, the ſkin is very red, deeply indented, and brittle: no thick incruſtation forms, but the ſcales appear thin and ſemitranſparent, peeling off from time to time in large flakes. Painful excoriations are occa-

pag. 289. 290. Compare Schenckii Obs. Med. Lib. V. De Lichene, et Furfuribus; and Riverius, De Impetigine totius cutis, Obs. Communicat. 39. Hoffman. Supplem. P. I. pag. 131—2. Ephem. & Act. Nat. Cur. Ann. 2—8.

* Oribas. Synops. lib. III. & De Virt. Simpl. lib. II. Aët. Tetrab. IV. ii. 79.

ſioned

ſioned by the preſſure of ſome parts of the clothing, or by the attrition of contiguous ſurfaces, as of the nates, groin, thighs, ſcrotum, &c. At an advanced period of the diſeaſe, the cuticle is often more extenſively deſtroyed: I have ſeen all the extremities, the back, and nates, excoriated at the ſame time, with a very profuſe diſcharge of thin lymph from the ſurface*. In the courſe of a few weeks, however, that diſcharge uſually abates, when a new cuticle is formed, of a dry, harſh, or almoſt horny texture, and which from time to time ſeparates in large pieces. The ſame circumſtances are frequently repeated, and the diſeaſe proceeds without any conſiderable remiſſion † for an indeterminate length of time, eſpecially in old people. Young perſons are not ſo liable to it: yet I have ſeen it in ſome under thirty years of age, and in others before the time of puberty ‡, ariſing perhaps from a ſtrong hereditary diſpoſition.

The Pſoriaſis diffuſa, after it's annual returns have been frequently repeated, becomes, in many inſtances,

* Compare Hoffman. tom. III. pag. 436.

† In aliis verò plerisque hic morbus continuus nullas inducias concedit; imò nullam remissionem vel mediocritatem habet. Willis, pag. 290.

‡ Schenckii Obs. Med. lib. V. and Act. Nat. Cur. tom. I. Obs. 3

permanent,

permanent, and inveterate * like the diſeaſe above deſcribed. The obſtinate complaint entitled Prurigo ſenilis (ſee pag. 80—1.) alſo terminates occaſionally in the Pſoriaſis inveterata. A particular caſe of this kind is detailed by Hippocrates, Epidem. lib. V. †.

The opinion given by Mercurialis ‡, Sennertus, and others, that the Dry or Sc ly Tetter is communicable by contagion, has been contradicted by Dr. Willis. " Impetiginis infectio tam rara, aut nulla eſt ut miaſma " a viro in uxorem, aut ab hâc in illum, aſſiduè concumbentibus, minimè tranſeat."—I have, however, obſerved that the Pſoriaſis guttata, and the ſlight ſcaly rings, mentioned pag. 161, affect ſeveral children at the ſame time, in large families, and in ſchools, eſpecially thoſe who ſleep together. There can be no doubt of the truth of the obſervation made by Hoffmann, that a diſpoſition to the diſeaſe is tranſmitted hereditarily. " Scabiem, præſertim ſiccam, in genitos propagari obſerva-

* This is one instance of the transition of Psora into Lepra, mentioned by the Greek phys'cians, who did not alwa)s distinguish Lepra from the Psoriasis inveterata: see pag. 116.

† Cc mpare Hoffman. tom. III. pag. 490. &c.

‡ Proprium est Scabiei humidæ ut contagio acquiratur: et quamquam Scabies sicca possit contagio capi, id tamen non adeò frequens est.

De Morb. Cutan. lib. II. cap. 4.

Compare Sennert. de Med. Pract. V. i. 28.

tione

tione non unâ constat." Supplem. II. P. i. De affect. hæreditar. § 6. The Psoriasis most frequently occurs in persons who may be said to be of a mixed temperament, having some of the characteristics of the sanguineous, combined with other appearances belonging to the melancholic temperament. In such persons, the skin is in general dry, the pulse feeble and languid, or irregular. Women are much more liable than men to the Scaly Tetter, and particularly those, of the habit above mentioned, who are weak and irritable. The complaint often affects them soon after lying in. It also frequently takes place in young females affected with the Chlorosis, and proves very obstinate. On the whole, I may venture to say that this disease, when of considerable extent, is always connected with some disorder of the constitution *. Galen has remarked that several of the scaly diseases of the skin originate from the Gout and Rheumatism †. In conformity to this remark, I have seen the four first species of Psoriasis, and the Psoriasis inveterata sometimes connected with arthritic complaints, but more frequently alternating with them.

* See Roncalli Hist. Morb. p. 33.

† Περι δε το δερμα και τοπους καθ᾽ όλου του σωματος, Λεπρα, Ψωρα, Αλφος λευκος, Αλφος μελας, Λειχην ἁπλους, Λειχην αγριος, Δρακοντιασις, Ακροχορδονες, Θυμοι, Μυρμηκια, Ηλοι, Πωροι——οι μεν εκ Ποδαγρας και Αρθριτιδος, οι δε και καθ᾽ ἑαυτους.

Galen. Isagoge sect. 17.

Dr. Willis*, who has given an elaborate hiſtory of the Pſoriaſis, and Lepra conjointly, aſſigns the ſame exciting cauſes for both of them; more eſpecially, a conſtant diet on dried and ſalted meats, on pork, or ſhell-fiſh, with the too liberal uſe of acid wines, bad malt liquors, &c. I formerly obſerved that the Lepra can ſeldom be referred to this mode of diet; and I believe that the Pſoriaſis often originates from occaſional cauſes, which are much ſlighter, or have a more immediate operation. Food of difficult digeſtion, too great a quantity of acid fruits, the unſeaſonable uſe of the cold bath, large draughts of cold water taken when the body has been heated by exerciſe, and ſome improper mixtures of food, as of milk and fiſh, are the circumſtances to which patients refer the complaint when it appears in a ſudden eruption on the ſkin; and ſuch cauſes will, I apprehend, be deemed ſufficient to excite the diſeaſe in thoſe who are prediſpoſed to it conſtitutionally.

Dr. Falconer's obſervations on the cauſes of the Lepra Græcorum, are more directly applicable to the preſent diſorder. "I have been able in numerous in-
"ſtances to trace the cauſe of this diſeaſe to a circum-
"ſtance ſo general, that I doubt not it is, if the truth

* Willis, de Medicamentorum operationibus, sect. iii. cap. 7.

"could

" could be always difcovered, univerfal, I mean the " fudden application of cold to the body, when in a " heated ftate. This commonly happens from drink-" ing fome cold liquor; but this is not peculiarly ne-" ceffary to produce the difeafe, as I have feen it arife " from the external application of cold. It matters " not in what manner the body be heated, whether " by heat of fires, rooms, or by exercife, as cold pro-" duces the fame effects in all the above cafes. Hence " fuch perfons are efpecially liable to it whofe ways " of life fubject them to fuch viciffitudes, as fmiths and " other trades, that oblige thofe who work at them to " be near fires, or in heated rooms; and fuch as ufe " violent exercife or labour, as huntfmen, porters, and " fuch like, who are too apt to indulge their appetites " without caution. Women, in fituations where they " are expofed to the fame fudden changes of tempera-" ture, are liable to the fame difeafes, as cooks, laun-" dreffes, &c. Several of them I have feen in Bath " Hofpital, affected as above defcribed. It is proper " to obferve that the danger is much lefs in thofe " who take cold liquors at the time they are heated " with exercife or labour, if they continue to purfue " their labour for fome time after drinking, than if they " leave off their work immediately. Thofe cafes that " I have feen were of perfons who expofed them-" felves, when at reft, to the effects of cold. The

" ſame obſervation holds equally true of cold externally " applied. The quality of the liquor drunk is, I be- " lieve, of leſs importance than it's temperature. I " have known the diſeaſe produced by the drinking " of water, milk, and beer; and I doubt not many " other liquors, if cold, would do the ſame." Pag. 372.

The ſeaſon of the year, or temperature of the air, materially contributes towards the production of this diſeaſe. It generally occurs, according to my own obſervation, in the ſpring, when the changes of the ſtate of the atmoſphere are moſt frequent and ſevere; but on this point medical authors ſpeak with ſome diverſity of ſentiment*.

I have had occaſion to witneſs the truth of Dr. Falconer's obſervations on the conſequences which ariſe in the Scaly Tetter, from a ſudden retroceſſion

* Hippocrates enumerates Lepra, and Psora, among the spring diseases; Aph. 20, lib. III; but Avicenna observes, " Scias quod Scabies excorticata, et Impetigines multiplicantur in autumno." IV. vii. 3, 6.

Imprimis verno tempore accidit, nonnunquam etiam hyeme. Sennert. Pract. V. i. 30.

Porro hujusmodi eruptiones in quibusdam temporariæ, adeòque diversimodæ existunt, namque in his ferè tantùm in hyeme infestant, circà æstatem evanescentes; item e contrà in aliis quasi brumam horreant, hirundinis adventum et exitum expectare solent. Willis, De Med. Operat. p. 290.

produced

produced by cold, or by improper applications to the ſkin.—" It ſometimes happens that a ſudden ap-
" plication of cold, which originally produces the
" ſcaly eruption, will likewiſe cauſe it to ſtrike in:
" and whenever this occurs it produces great diſ-
" turbance in the ſyſtem. Vomiting is a ſymptom
" that generally, if not always, precedes the eruption
" at the commencement of the diſeaſe: and when the
" eruption is ſtruck in, this ſymptom again makes it's
" appearance. A girl about ſixteen years of age, hav-
" ing at the time a leprous eruption upon her, drank
" when violently heated, a large draught of cold water.
" Preſently afterward the eruption ſuddenly diſap-
" peared, on which ſhe was ſeized with a perpetual
" diſpoſition to vomiting, and rejected every thing ſhe
" ſwallowed, in a few minutes. Her health, in other
" reſpects, was not much affected, ſave what the fatigue
" of ſtraining, and loſs of ſtrength by the want of ſuffi-
" cient ſuſtenance, produced. A variety of remedies,
" were tried, both external and internal. Beside the
" Bath waters, both drunk, and uſed as baths, ſhe tried
" opiates, bitters, aromatics, elix. aloes, the effer-
" veſcing ſaline draught, ipecacuanha in ſmall doſes,
" and a multitude of other medicines. Opiates alſo
" were externally applied to the ſtomach, and bliſters,
" but all without the leaſt effect. In about eight months
" afterwards the diſeaſe had taken a different turn:

" the vomiting ceaſed, but her limbs and body were " almoſt univerſally convulſed, though without loſs " of the ſenſes. She again uſed a variety of remedies " for ſeveral months, without receiving any benefit." Pag. 350.

The Scaly Tetter is one of the moſt frequent Cutaneous diſeaſes in this kingdom. Hence Dr. Willis was enabled, from his own obſervation, to give a fuller account of it than any other author had done. The method of treatment, which he has propoſed for it, being founded on experience, requires ſome conſideration. He recommends, in the firſt place, evacuants, particularly bleeding and cathartics; and ſecondly, certain alteratives, as the acidulous chalybeate waters, the expreſſed juices of ſeveral plants, whey taken alone or impregnated with ſuccory, fumitory, and ſharp pointed dock, decoction of the woods, preparations of iron, and mercurials.

1. I have never ſeen a caſe of Pſoriaſis in which bleeding, or the repetition of purgatives were employed advantageouſly; and, from what has been obſerved reſpecting the prediſpoſition to this diſeaſe (pag. 175), I apprehend, thoſe remedies will be deemed generally inadmiſſible.

2. Of

2. Of the alteratives mentioned by Dr. Willis there is not any which can be confidered as fpecific, or as having a decided efficacy in all cafes of the difeafe. The vegetable juices do not appear to be of any material ufe. Dr. Willis, coinciding with the popular idea of an affinity between the Scaly Tetter and the Scurvy, infpires hopes of curing the former by the plants denominated antifcorbutics, of which we have an extenfive lift, comprehending probably feveral hundred different fpecies. If the means of cure were thus numerous, and eafy to be obtained, we might wonder at the frequency of this diforder, and it's unconquerable obftinacy in fome cafes, which Willis himfelf has acknowledged*.

3. Decoctions of guiacum wood, willow, or farfaparilla, cannot alone be depended upon for the cure of Pforiafis. They are, however, ufeful auxiliaries to other medicines in fome ftages of the Pforiafis diffufa, palmaria, and inveterata: the fame may be faid refpecting the decoction of elm bark, faffafras, juniper tops, burdock, mezereon, &c.

4. The chalybeate waters of Great Britain, par-

* Postquam radices altiùs egit morbus; Curatio ejus perdifficilis vel nulla est. Willis de Med. Op. s. iii. c. 7.

ticularly thoſe at Scarborough, Cheltenham, Nevil Holt*, and Tunbridge, have been at all times particularly commended for their utility in the Lepra, Scaly Tetter, and other Cutaneous affections †. Notwithſtanding the ſpecific virtues attributed by many phyſicians to theſe ſprings, they do not ſeem to be more efficacious than the ſulphureous waters, whether taken internally, or applied to the ſkin by waſhing and bathing‡. I have ſeen ſome very obſtinate caſes of Lepra and Pſoriaſis completely cured by the proper uſe of the waters of Harrogate and Croft in Yorkſhire. The ſulphur-waters at Moffat, Shap-moor, Broughton, Kedleſton, Skipton and Wiggleſworth § have likewiſe an eſtabliſhed reputation in the cure of the ſame diſeaſes.

5. Chalybeate medicines are perhaps occaſionally

* Dr. Short, on Mineral Waters, Vol. I. p. 177. Vol. II. 257. and 279.

† Acidulæ ferratæ contra hunc morbum præscribuntur, et non raro in signiter juvant, quippè, cum cætera quævis mendicamenta incassùm cessere, cum his solis Impetiginem gravem, et pene leprosam aliquoties curavi. Willis, p. 292.

‡ Aquæ sulphureæ sunt bonæ Impetigini & Scabiei, si ex eis fiat balneatio. Avicenna, L. II. Tr. ii. c. 59.

§ Short's History of Mineral Waters, Vol. I. 314.

uſeful

uſeful by removing certain ſtates of the conſtitution, with which the Scaly Tetter ſeems to be connected. Thus when it depends on the languid circulation of the blood conſtituting the chlorotic habit, (ſee pag. 175.) preparations of iron will afford certain relief.

6. Strong mercurial preparations are of no advantage in the Scaly Tetter, but eventually rather aggravate the complaint. Of this I am well aſſured from many experiments cautiouſly made: Dr. Willis has likewiſe acknowledged the repeated failure of mercurial inunctions, and of mercurial remedies taken internally till they excited a ſalivation. His obſervations on the ſubject, may ſerve to deter others from entering upon a mode of practice ſo injurious to the conſtitution. "Aliis remediis nihil juvantibus, "multi ſalivationem quaſi athletam fortiſſimum ac tanto "hoſti unicè parem, commendant. Attamen prægrandi "huic expectationi eventus non ſemper reſpondet: "fateor enim me hoc remedium in quatuor perſonis "Impetigne graviore, et medicamentis aliis obſtinatâ, "laborantibus, ſine commodo expertum fuiſſe. Quidam "ex his per inunctionem ex hydrargyro, aliique per "catapotia ex præcipitato ſolari in ſputationem co- "pioſiſſimam quam per xx circiter dies pertulerunt, "ciebantur; quo temporis ſpatio elapſo, eruptiones "omnes ſquamoſæ, et papillarum corymbi evanuerunt:

"nihilominùs

"nihilominùs ad therapeiam confirmandam potus diæ-
"teticus ex decocto sarsæ, cum crebrâ sudatione sub-
"tùs cratem, et debitâ purgatione interjectâ institutus,
"per mensem continuabatur: attamen hoc cursu finito,
"cum nulla tunc impetiginis vestigia relinqui videren-
"tur, intrà mensem alteram, nova ejusdem morbi seges
"pullulare incipiens, brevi tempore ad solitam matu-
"ritatem accrevit. Porrò cum unus ex eis hanc medi-
"cinam repetere, atque alter post duas morbi recidivas,
"eam vice tertiâ experiri voluit, uterque demùm post
"immanes tot ærumnarum perpessiones de curationis
"ope decidit *."

Unfortunately one of the Doctor's patients who underwent the harsh treatment above stated was a delicate young lady, fifteen years of age: her case is given at length, page 295. A slower and more cautious administration of mercurials would not have succeeded better. I wish particularly to impress this observation, considering the indiscriminate use of mercury in diseases of the skin. It seems a point of material consequence to ascertain in what Cutaneous complaints this mineral will be found useful, and in what cases it is inefficacious. If I should only be enabled, from sufficient trials, to give correct information on this head, under the different articles of which I have to treat, the in-

* Willis loc. citat. pag. 292.

tent

tent of this publication would not be entirely fruſtrated.

The three firſt ſpecies of Pſoriaſis, when they appear in a ſudden eruption attended with febrile ſymptoms (ſee pag. 153 and 158), may be advantageouſly treated by adminiſtering in the evening an emetic doſe of ipecacuanha, and the following day two or three grains of calomel, or ſome other gentle purgative. Afterwards, by the uſe of fixed alcali, combined with ſulphur præcipitatum, by a ſight moderate diet, by frequently waſhing with tepid water, and by abſtinence from fruits, acids, and fermented liquors, theſe diſorders may be removed in two or three weeks. But ſhould the ſcaly patches, through neglect on their firſt appearance, or from an unhealthy ſtate of the conſtitution, have become conſiderably enlarged, and have ſpread over a great part of the body, it will be neceſſary to employ antimonials, and the warm bath, with repeated friction, and decoctions of elm-bark, ſarſaparilla, dulcamara, &c. or ſome of the mineral waters formerly mentioned, pag. 182.

The Pſoriaſis inveterata requires the ſame plan of treatment as the Lepra vulgaris, and alphoides; pag. 136 to 146. The bark of mezereon root forms an active ingredient in the decoctions employed in the cure of

thefe diforders. I think it right to notice an obfervation refpecting it's ufe, made by a medical friend*. When the patches of the Lepra, or Scaly Tetter, are about to difappear, a cuticle of proper texture is in general formed at their centres, and gradually extends toward the borders, till all the fcalinefs be removed; but if the mezereon have been employed, it has the effect of foftening the whole fcaly patch at once, or of reftoring the cuticle from the circumference toward the centre.

In the Pforiafis inveterata an ulceration fometimes appears on the fhin. It is preceded by a red, fhining, brittle ftate of the cuticle round the ancle: cracks or fiffures are formed both in the cuticle, and the fkin, of various magnitudes, and in different directions. When the integuments are wholly removed from fome part of the difeafed furface, the ulcer feldom becomes deep, but has an uneven bottom, and a red, thin, fmooth edge, liable to bleed from very flight caufes. A violent itching accompanies this fpecies of ulceration, and a fmall quantity of glairy fluid is difcharged from it. We find much difficulty in healing the ulcer, the new fkin being difpofed to break, and feparate. The following cerate may be applied with advantage.

* Dr. Sinclair, in his own case.

R. Cerat.

R. Cerat. lapid. calam. unc. j. Hydrarg. nitrat. rubr. ſcrupulum j. M. After the ulceration is healed, if the ſkin round the ancle remain harſh, dry, and brittle, it will be proper that the leg ſhould often be held over the ſteam of hot water, and that oiled ſilk ſhould be conſtantly worn round the ancle. When the cuticle is extenſively removed, and a clear lymph exudes from the excoriated ſurface (ſee page 173.) it is only neceſſary to employ a mild ointment, ſpread on linen cloth, or calico, as in the formula preſcribed below*.

In the Pſoriaſis palmaria, the ſame internal remedies are proper, as in the other forms of the diſeaſe. If the heat, dryneſs, and itching of the palms be very diſtreſſing, the hands may be held for ſome time every night in the vapour of hot water, and be then covered with gloves made of oiled ſilk, which ſhould alſo be worn as much as poſſible during the day. A little of the unguentum hydrarg. nitrati may be applied at bed time, either alone, or diluted with a portion of ſome milder ointment, according to the ſtate of the ſkin.—Sea-bathing continued for three or four ſucceſſive months, has generally the effect of removing this complaint, and preventing its returns.

* R. Emplastr. lithargyri unc. jj. ceræ flavæ unc. ſs. olei oliv. unc. jſs. vel q. ſ. ut fiat unguentum.

All acrid applications are detrimental in the Psoriasis labialis. The lips should not be much exposed, either to heat or cold, but should be almost constantly covered with some mild ointment, or plaister, such as that composed of emplastrum lithargyri, with wax, and oil; pag. 187. A temperate regimen is particularly necessary; and suitable remedies should be employed to relieve pain of the stomach, acidity, flatulence, &c. with which this complaint is usually connected.

The Psoriasis ophthalmica may require some of the internal medicines mentioned page 185. Externally, the unguent. calcis hydrargyri albæ, or ung. hydrargyri nitrati softened with ung. ceræ, may be employed with advantage.

In the Psoriasis scrotalis, besides the use of general remedies, care should be taken to keep the parts clean by washing them with warm water, water-gruel, &c. and to prevent the effects of attrition, an ointment composed of three parts of unguentum ceræ, and one part of the unguentum hydrargyri nitrati, may be employed. If the scrotum be inflamed and sore, with rhagades or chops, the ung. cerussæ acetatæ will afford relief.

In the Psoriasis unguium the nails may be from time to

to time immerſed in warm water, and cut ſmooth. The complaint, however, is more likely to be removed by ſea-bathing, and other remedies which act on the conſtitution, than by any local application*.

The Scaly Tetter of infants may be relieved by antimonials, and by warm bathing, or waſhing with water gruel. When conſiderable excoriations take place, it is proper to uſe mild applications, ſuch as the ceratum lapidis calaminaris, and unguentum ceruſſæ acetatæ mixed in equal proportions. Calomel will be found uſeful where there are inflamed puſtules, or the tubercles mentioned page 170.

* The ancients endeavoured to detach the nails by stimulating or caustic applications, hoping the new nails that succeeded would be of a better texture. See a long chapter on this subject, in Aetius, Tetrab. IV. Serm. II.

ORDER II.

III. PITYRIASIS.

THE PITYRIASIS confifts of irregular patches of thin, flight fcales, which are repeatedly produced, and feparated, but which never form crufts (DEF. II.) nor are attended with fiffures or excoriations. I think Pityriafis fhould be diftinguifhed from Porrigo. The latter term is employed by Roman medical authors to exprefs a difeafe of the fcalp, which often terminates in ulceration*, whereas Pityriafis is, by the beft Greek authors, faid to be always dry and fcaly. Thus, according

* Under the term Porrigo, Celsus (L. VI. cap. 2.) has included the Pityriasis, Achores, and Ceria of the Greeks: he is followed in this arrangement by most of the modern writers; as Manard. Epist. Med. VII. cap. 8 Mercurialis de Morb. Cut. pag. 75. Sennert. Pract. Med. Lib. V. Part iii. sect. 2. cap. 7. & Guido de Cauliaco Tract. VI. ii. 1. who confounds it with Tinea lupinosa; as does also Ambr. Parè XVI. 1. and Sauvages, Nosolog. Meth.—Some, with still greater impropriety, rank the Pityriasis as a species of Scabies. Haffenreffer, De Cutis Affectibus, L. I.

cording to Alexander and Paulus, Pityriaſis is characterized by "the ſeparation of ſlight furfuraceous "ſubſtances from the ſurface of the head, or other "parts of the body, without ulceration*."

L. I. cap. 15. Theod. Corbeius, Patholog. L. II. sect. v. cap. 3. Dolæus, Encycl. Chirurg. V. 14. Platerus De Doloribus, cap. 17. &c. &c. Lorry (De Morb. Cut. 459) refers it to the Lichenes. It may not be amiss to observe that one Roman author, posterior to Celsus, has distinguished Porrigo and Pityriasis in the same manner as I have proposed. See Marcellus de Medic. IV. Pliny, L. XX. and XXII. and Herm. Barbar. Glossem. in Plinium.

* Η' Πιτυριασις εςιν λεπτων ϗ πιτυρωδων σωματων εκ τε της επιφανειας της κεφαλης, ϗ εκ του αλλου σωματος αποτηξις χωρις ἑλκωσεως. Paul. Ægin. III. 3. Alex. Trallian. L. I. 4. The Pityriasis is mentioned by Galen, Aetius, Oribasius, &c. as affecting the head only. Πιτυροις ὁμοια απο του της κεφαλης δερματος αποπιπτει πολλακις ενιοις κνωμενοις, ϗ δια τουτο Πιτυριασιν ονομαζουσιν ὁι ιατροι το συμπτωμα τουτο. Gal. de Comp. Med. sec. loc. L. I. cap. 6. Aet. Tetrab. II. ii. 66. Oribas. Synops. IV. 9. Actuar. Med. II. 5. Avicenna has described this appearance under the denomination of Alavarati, which, he says, "est modus "excorticationis levis accidentis capiti propter corruptionem accidentem "in complexione propriè cum impressione in superficie superiore cutis. Lib. IV. Fen. vii. Tr. 2. cap. 24.

Scias quod Furfures qui accidunt in capite sunt corpora subtilia, parva, tenuia, sicut furfures, quæ cadunt de superficie capitis, et fiunt absque materiâ quæ appareat sicut apparet in pustulis quæ effluunt extra caput in Sabaphati. I. f. Serapion, Breviar Tr. I. 4. See also Haly Abbas, Theorice VIII. 18.—Compare Arnald. Villanov. Breviar. L. I. cap. 24. Fuhsius Lib. I. cap. 3. Bonacursius, De Malis externis cap. 14. and Pract. Joan. de Concoregio, cap. 8.

I have

I have obſerved three varieties of this complaint, viz. Pityriaſis capitis, Pityriaſis rubra, and Pityriaſis verſicolor.

1. Pityriasis capitis, when it affects very young infants, is termed by nurſes The Dandriff*. It appears at the upper edge of the forehead and temples, as a ſlight whitiſh ſcurf, ſet in the form of a horſe-ſhoe: on other parts of the head there are large ſcales, at a diſtance from each other, flat, and ſemipellucid; PL. XVII. Fig. 1. Sometimes however they nearly cover the whole of the hairy ſcalp, being cloſe together like tiling. A ſimilar appearance may take place in adults, but it is uſually the effect of Lepra, Scaly Tetter, or ſome general diſeaſe of the ſkin. Perſons at an advanced age have the Pityriaſis capitis in nearly the ſame form as infants have it: the only difference is that the complaint, in old people, occaſions larger exfoliations of the cuticle.

When the hair is thin, or the head ſhaven, the ſcales may be removed by the careful uſe of ſoap and warm water†, or by an alcaline lotion. It is particularly ne-

* Turner, On Diseases of the Skin, pag. 7.

† Furfura removentur continuò abradendo caput, et singulis noctibus inungendo, et postero mane in multâ aquâ calidâ obluendo in balneo, vel in domo. Rhazes de Re Medicâ, Lib. V. 4.

cessary

ceſſary to enforce this practice, for if Scales intermixed with ſordes be permitted to cover the ſcalp for a length of time, Puſtules, containing an acrimonious lymph, are formed under the incruſtation, and the true Porrigo* often ſupervenes.

2. The PITYRIASIS RUBRA is preceded by a diffuſe redneſs, and ſlight roughneſs, of ſome portions of the ſurface. A few days after this appearance, the parts affected become ſcurfy, but the new cuticle formed under the ſcurf (DEF. I.) preſently ſeparates, and, after many of theſe exfoliations and renewals, a ſcalineſs is produced, DEF. II. The ſcales are moſt conſpicuous on the face, hands, and fingers. Thoſe who are affected with the Pityriaſis rubra ſeldom have any ſenſible perſpiration. The ſkin is dry, and diſpoſed to crack, and the ſecretion in the miliary glands being ſlowly performed, the fluid condenſes before it can be diſcharged, ſo that the ſmall duct of every gland appears to have a ſhort briſtle fixed in it. This complaint is further attended with a troubleſome itching, with a ſenſation of ſtiffneſs and ſoreneſs in the ſkin, with languor, and great reſtleſſneſs. It affects, in ſome caſes, only the face and neck, but in others it extends, though not

* Pejor pervenit ad ulcera, et ad corrumpendum origines capillorum, &c. Avicen. tom. II. pag. 240.—See Constantin. African. op. pag. 5.

continuoufly, to every part of the furface of the body. As it proceeds, the rednefs abates confiderably, and when the fcalinefs is removed, the fkin appears of a fallow or yellowifh hue. At intervals, however, and often without any affignable caufe, the rednefs returns, and all the fymptoms are aggravated: in this manner the difeafe is often prolonged for many months. When the rednefs affects the palm of the hand, it is often fucceeded by an appearance refembling the Pforiafis palmaria*; pag. 163-4.

The Pityriafis rubra generally occurs at an advanced period of life, but I have feen it in feveral young men who had travelled through various climates. It may be removed by taking the compound decoction of farfaparilla with an antimonial, and by the ufe of tepid baths, more efpecially of thofe prepared with fea-water.—A flight appearance of this complaint takes place on the cheeks and round the mouth in perfons who are accuftomed to fit near a ftrong fire after expofure to a very cold atmofphere.

3. The Pityriasis versicolor chiefly affects the

* In a case attended by Dr. Blair of Lewes, "the cuticle on the hands and feet, especially in the palms and soles, was thickened, rough, dry, and in many places deeply fissured, with pain, and inconvenience in handling any thing, or in walking."

arms,

arms, breaſt, and abdomen. It is diffuſed very irregularly, and being of a colour different from the uſual colour of the ſkin, it exhibits a ſingular, chequered appearance; ſee PL. XVII. Fig. 2. The patches, which are at firſt ſmall, and of a brown or yellow hue, appear at the ſcrobiculus cordis, about the mammæ, clavicles, &c. Enlarging gradually, they aſſume, in many caſes, a teſſelated form. In ſome caſes they are branched, ſo as to reſemble the Foliaceous Lichens* growing on the bark of trees; and, in others, when the diſcolouration is not continuous, they ſuggeſt the idea of a map, being diſtributed on the ſkin, like iſlands, continents, peninſulas, &c. All the diſcoloured parts are ſlightly rough with minute ſcales, which ſoon fall off, but which are conſtantly replaced by others. This ſcurf or ſcalineſs is moſt conſpicuous on the ſides, and epigaſtric region. The cuticular lines are ſomewhat deeper in the patches than on the contiguous parts; but there is not an elevated border, or any diſtinguiſhing boundary, between the diſcoloured part of the ſkin, and that which retains it's natural colour. The diſcolouration rarely extends over the whole body. It is moſt ſtrong and full round the umbilicus, on the breaſts, and ſides: it ſeldom appears in the ſkin over the ſternum, or along the ſpine of the back. Interſtices are moſt numerous and largeſt

* Linn. Gen. pl. 1065.

at the lower part of the abdomen and back, where the ſcales are often ſmall, diſtinct, and a little depreſſed. The face, nates, and lower extremities are leaſt affected; but the patches are found upon the arms, chiefly on the inſide, where they are diſtinct, and of different ſizes.

The Pityriaſis verſicolor is not merely a cuticular diſeaſe, for when the cuticle is abraded from any of the patches, the ſallow colour remains, as before, in the ſkin or rete mucoſum. This ſingular appearance is not attended with any internal diſorder, nor with any troubleſome ſymptom, except a little itching and irritation felt on getting into bed, and after ſtrong exerciſe, or drinking warm liquors. There is ſometimes a ſlight redneſs in ſeveral of the diſcoloured patches, and ſometimes an appearance like the Lichen pilaris; but eruptions of this kind are not permanent, neither do they produce any change in the original form of the complaint.

The Pityriaſis verſicolor is always of long duration. I have obſerved it remaining, in ſome perſons, for four, five or ſix years. It is not limited to any age, or ſex. It's cauſes I am not able to point out with certainty. Several patients have referred it to fruit, taken in too great quantity: ſome have thought it was produced

by

by eating muſhrooms, others by expoſure to ſudden alternations of cold and heat. In ſome individuals who had an irritable ſkin, and occaſionally uſed violent exerciſe, I have ſeen the complaint produced, or at leaſt much aggravated, by wearing flannel next to the ſkin. I have likewiſe obſerved it in perſons who had reſided for a length of time in a tropical climate.

The Maculæ hepaticæ deſcribed by Solenander, and Sennertus* ſeem referable to the preſent article: 'Vulgò 'notus eſt affectus quem Germani Leverflecte nominant, 'proculdubiò quod ex hepate ortum habere credant; 'maculæ ſcilicet fuſcæ, vel ex flavo nigricantes, latæ, 'palmi magnitudine, inguina imprimis, et pectus ac 'dorſum occupantes, imò totum pectus interdùm ob-'tegentes, cum cutis quâdam levi aſperitate, quæ 'ſquammas aut furfures quaſi emittit, quæ tamen non 'uno loco hærent, ſed hinc, indè, diſſeminantur, et 'modò evaneſcunt modò rurſùs emergunt. Eas unicus, 'quantum memini, clarè deſcribit Reinerus Solenan-'der, ſect. V. Conſil. 11. ſed ſine nomine. Ipſæ quidem 'maculæ per ſe nihil periculi conjunctum habent, 'neque aliquem moleſtiam pariunt, cùm non in facie 'aut manibus, ut lentigines, ſed in locis veſtibus tectis 'oboriantur.'

* Med. Pract. Lib. V. iii. 1. 6.

The dark coloured ſpots, which frequently appear on the ſkin of pregnant women, ſhould not perhaps be ranked under this head, being never attended with roughneſs or ſcalineſs of the ſkin. For the ſame reaſon it is proper to exclude Ephelides, and other Maculæ, ſuch as the diſcolourations which appear during a mercurial courſe, or after it, and which are diſtinguiſhable by a border of a deeper tinge than that of the center.—Although the Pityriaſis verſicolor is not in itſelf a diſorder of any ſerious conſequence, yet both medical and chirurgical practitioners ſhould have a proper knowledge of it. Thoſe who are unacquainted with it's appearance, eſpecially when it is diffuſed in ſeparate or ſcattered patches, ſometimes miſtake it for a ſyphilitic ſymptom: there is not, however, ſo far as I have ſeen, any venereal appearance, which at all reſembles it.

I have not been very ſucceſsful in my medicinal treatment of this ſpecies of Pityriaſis. Acids, alcalis, mercurials, and antimonials, under whatever form, ſeemed to produce no beneficial effect. Some advantage was, however, derived from uſing firſt a warm bath of ſea-water, and afterwards bathing in the open ſea; and in one inſtance the complaint was by theſe means wholly removed.

ORDER

ORDER II.

IV. ICTHYOSIS.

ICTHYOSIS is characterized by a permanently harſh, dry, ſcaly, and, in ſome caſes, almoſt horny texture of the integuments of the body, unconnected with internal diſorder. Pſoriaſis and Lepra differ from Icthyoſis in being but partially diffuſed, and in having deciduous ſcales.

There is a peculiar arrangement, and diſtribution, of the ſcales in this diſeaſe. Round the olecranon, on the arm (PL. XVIII.), and near the patella on the thigh and leg, they are ſmall, rounded, prominent or papillary, and of a black colour. Some of the ſcaly papillæ have a ſhort, narrow neck, and broad, irregular tops. On ſome parts of the extremities, and on the trunk of the body, the ſcales are flat, and large, often placed like tiling, or like the ſcales on the back of a fiſh; but in a few caſes they have appeared ſeparate, being interſected by whitiſh furrows. There is uſually in this

complaint

complaint a dryneſs, and roughneſs of the ſoles of the feet, ſometimes a thickened, and brittle ſtate of the ſkin in the palms of the hands, with large painful fiſſures, and on the face an appearance of ſcurf rather than of ſcales. The inner part of the wriſts, the hams, the inſide of the elbow, the furrow along the ſpine, and the inner and upper part of the thighs are perhaps the only parts of the ſkin always exempt from ſcalineſs. Patients affected with the Icthyoſis are occaſionally much haraſſed with inflamed Puſtules (Phlyzacia, DEF. X. 1.) or with large, painful boils on different parts of the body: it is alſo remarkable that they never ſeem to have the leaſt perſpiration, or moiſture on the ſkin.

This diſeaſe did not, in any caſe preſented to me, appear to have been tranſmitted hereditarily, but I have ſeen two or three children of the ſame parents affected with it *. In ſeveral inſtances the diſeaſe was ſaid to have appeared immediately after birth, but in others to have occurred at the age of two or three months: in one caſe it appeared ſoon after the Small-

* This is not universal; for in some instances one child is affected with Icthyosis, while all the rest have a clear and soft skin. Mr. Baker's case (pag. 207) ascertains that the disorder is sometimes hereditary.

pox,

pox, at the age of two years, and had continued ſix or ſeven years without alteration.

When a portion of the hard ſcaly coating is removed, it is not ſoon produced again. The eaſieſt mode of removing the ſcales is to pick them off carefully with the nails, from any part of the body while it is immerſed in hot water. The layer of cuticle which remains after this operation is harſh and dry; and the ſkin did not, in the caſes I have noted, recover it's uſual texture and ſoftneſs; but the formation of the ſcales was prevented by a frequent uſe of the warm bath, with moderate friction.

A ſhort caſe given by Panarolus, (Pentecoſte, V. obſ. 9.) ſeems referable to the article of Icthyoſis. 'Vidimus nos pulchram mulierem, cui cutis piſcium aut ſerpentum more ſquammas minutiſſimas repreſentabat, quæ tanquam acutiſſimæ ſpinæ tactum mirificè lœdebant. Hoc autem nullo modo credas, lector, ortum habuiſſe ab aliquo morbo, ut puta Scabie, Elephantiaſi, et ſimilibus, ſed res erat abſolutè naturalis.'

Another inſtance of the ſame kind is related by Stalpart Vander Wiel, obſ. 35. cent. II. 'Anno 1683, menſe maio, Hagæ puer quidam, 10 circ. annorum, conſpiciendus exhibebatur, nomine Bernardus, Biſegliæ

'(quod eſt regni Neapolitani ad Hadriæ litora oppi-
'dum) natus; cujus patri Petro Antonio Conſiglio no-
'men erat: mater Elizabetha Naſtaſia vocabatur. Pueri
'illius manus, pedeſque toti quanti ſquammei erant,
'brachia autem et crura, atque adeò totum corpus, ex-
'cepto ſolo capite, veluti phocæ pelle obducta, con-
'tactuque dura erant et ſcabra. Narrabat matertera,
'cujus curæ ipſe creditus erat, ortam fuiſſe iſtam cutis
'deformitatem, quòd mater, cum linteaminum pur-
'gandorum cauſà littus peteret, in flumine vicino va-
'rios ſquammatos et teſtaceos vidiſſet piſces, quorum
'imaginem tam firmiter cerebro impreſſiſſet, ut non ità
'diù poſt a marito impraegnata, piſciumque perpetuò
'memor fœtum pepererit, inſtar piſcis ſquammoſum,
'facie tamen, colloque decorum, reliquo autem cor-
'pore prorſùs nigricantem, et obſcuro quodam, ſca-
'broque obductum muſco, quàpropter idem nudus non
'tantoperè frigore, quam quidem alii infeſtabatur.
'Puer ille ingenio, quantum ætas ferebat, ſubtili et
'acri, ac quod mirere, piſcium avidus admodùm erat,
'adeò ut poſt crebriorem carnis eſum malè ſe haberet.
'Ipſe etiam cum aliis medicis ex ejus corpore pro-
'deuntem animadverti qualem piſces diffundunt odo-
'rem, quem quivis admoto propiùs naſo percipere po-
'terat. Delapſis veteribus novæ ſuccedebant illicò
'ſquamæ quibus evulſis mox effluebat ſanguis.'

Some

Some obſervations on a diſeaſed ſtate of the ſkin, ſimilar to the Icthyoſis above deſcribed, appear in the Philoſophical Tranſactions, Vol. XIV. No. 160; and a ſtriking inſtance of the ſame, though ſomewhat differently modified, is inſerted, No. 424, by John Machin, Sec. R. S. Greſham Profeſſor of Aſtronomy.

'A country labourer living not far from Euſton-'Hall, in Suffolk, ſhewed a boy, his ſon, about fourteen 'years of age, having a cuticular diſtemper of a dif-'ferent kind from any hitherto mentioned in the hiſ-'tories of diſeaſes. His ſkin (if it might be ſo called) 'ſeemed rather like a duſky-coloured thick caſe, exactly 'fitting every part of his body, made of a rugged bark 'or hide, with briſtles in ſome places; which caſe, co-'vering the whole excepting the face, the palms of the 'hands, and the ſoles of the feet, cauſed an appearance 'as if thoſe parts alone were naked and the reſt 'cloathed. It did not bleed when cut or ſcarified, 'being callous and inſenſible. It was ſaid he ſheds 'it once every year, about autumn, at which time it 'uſually grows to the thickneſs of three-fourths of an 'inch, and then is thruſt off by the new ſkin which 'is coming up underneath. It was not eaſy to think 'of any ſort of ſkin, or natural integument that ex-'actly reſembled it. Some compared it to the bark of 'a tree; others thought it looked like ſeal-ſkin; others

'like the hide of the Elephant, or the ſkin about the 'legs of the Rhinoceros; and ſome took it to be like a 'wart or number of warts, uniting and overſpreading 'the whole body. The briſtly parts, which were 'chiefly about the belly and flanks, looked and ruſtled 'like the briſtles or quills of an hedge-hog, ſhorn off 'within an inch of the ſkin. His face was well fea'tured and of a good complexion, if not rather too 'ruddy: and the palms of his hands were not harder 'or in worſe condition than is uſual for workmen or 'labourers. His ſize was proper for his age: his body 'and limbs ſtraight, and excepting as to his deformity, 'well ſhapen. This rugged covering gave him no 'pain or uneaſineſs, unleſs that ſometimes after hard 'work, it was apt to ſtart and cleave, and cauſe a 'bleeding: and notwithſtanding the unuſual diſpoſition 'of his humours to form ſo ſtrange an integument, his 'natural excretions were ſaid to be in the ordinary 'courſe and manner, without any thing remarkable at'tending them. The father knew of no accident to 'account for this diſtempered habit, but ſaid that his 'ſkin was clear at his birth as in other children, and ſo 'continued for about ſeven or eight weeks; after 'which, without his being ſick, it began to turn yellow, 'as if he had had the jaundice, from which by degrees 'it changed black, and in a little time afterwards thick'ened, and grew into that ſtate it appeared in at pre-

ſent,—

'ſent,—that he has been in health from his birth, and 'hath no ſickneſs at the ſeaſon when he ſheds it. He 'further ſaid, that his mother had received no fright to 'his knowledge, whilſt ſhe was with child; and hath 'borne him many other children, none of which have 'ever had this, or any other unuſual diſtemper or de-'formity.'

The ſequel of this caſe is given in the XLIXth Vol. of the Philoſophical Tranſactions, (Part I. for the year 1755) by Henry Baker, Eſq. F. R. S. 'His name 'is Edward Lambert. He is now forty years of age; a 'good-looking, well-ſhaped man, of a florid counte-'nance, and when his body and hands are covered, 'ſeems nothing different from other people. But, ex-'cept his head and face, the palms of his hand, and 'bottoms of his feet, his ſkin is all over covered in the 'ſame manner as in the year 1731, which therefore I 'ſhall trouble you with no other deſcription of, than 'what you will find in Mr. Machin's account; only 'begging leave to obſerve, that this covering ſeemed to 'me moſt nearly to reſemble an innumerable company 'of warts, of a dark brown colour, and a cylindric 'figure, riſing to a like height and growing as cloſe as 'poſſible to one another, but ſo ſtiff and elaſtic, that 'when the hand is drawn over them, they make a 'ruſtling noiſe. When I ſaw this man in the month of

'September

'September laſt, they were ſhedding off in ſeveral 'places, and young ones of a paler brown ſucceeding 'in their room, which he told me happens annually in 'ſome of the autumn or winter months; and then he 'commonly is let blood, to prevent ſome little ſickneſs, 'which he elſe is ſubject to, whilſt they are falling off. 'At other times he is incommoded by them no other-'wiſe than by the fretting out of his linen, which, he 'ſays, they do very quickly; and when they come to 'their full growth, being then in many places near an 'inch in height, the preſſure of his clothes is trouble-'ſome. He has had the Small-pox, and been twice 'ſalivated, in hopes of getting rid of this diſagreeable 'covering; during which diſorders the warting came 'off, and his ſkin appeared white and ſmooth like that 'of other people, but, on his recovery, ſoon became 'as it was before. His health at other times has been 'very good during his whole life. But the moſt ex-'traordinary circumſtance of this man's ſtory, and in-'deed the only reaſon of my giving you this trouble, 'is, that he has had ſix children, all with the ſame rug-'ged covering as himſelf; the firſt appearance whereof 'in them, as well as in him, came on in about nine 'weeks after the birth. Only one of them is now living, 'a very pretty boy, eight years of age, whom I ſaw, and 'examined, with his father, and who is exactly in the 'ſame condition which it is needleſs to repeat. He alſo

'has

'has had the Small-pox, and during that time was free 'from this diforder. It appears therefore paft all doubt, 'that a race of people may be propagated by this man, 'having fuch rugged coats or coverings as himfelf: 'and if this fhould ever happen, and the accidental 'original be forgotten, 'tis not improbable they might 'be deemed a different fpecies of mankind: a confi-'deration which would almoft lead one to imagine, 'that if mankind were all produced from one and the 'fame ftock, the black fkins of the negroes, and many 'other differences of the like kind, might poffibly have 'been originally owing to fome fuch accidental caufe.'

The inhabitants of Paraguay are, according to M. Buffon, much affected with the Icthyofis, or a complaint nearly refembling it. 'Il regne parmi eux une ma-'ladie extraordinaire; c'eft une efpece de Lèpre qui 'leur couvre tout le corps, et y forme une croûte fem-'blable a des ècailles de poiffon: cette incommoditè ne 'leur caufe aucune douleur, ni meme aucun autre de-'rangement dans la fantè.'

Buffon Hift. Naturelle, tom. III. p. 507.
from Les Lettres Edifiantes, Recueil 25. p. 122.

A ftate of the fkin fimilar to that in Icthyofis, takes place partially, under a variety of circumftances. It occurs on the limbs of perfons who, from long conti-

nued

nued ill-health, or a weakly conſtitution, are much emaciated, and have little perſpiration. When inveterate ulcers of the lower extremities are at length healed, the common integuments are not replaced in the uſual order: inſtead of the cuticle, the legs are covered with thick, dry, ſhining ſcales, variouſly diſpoſed. In ſome caſes of Anaſarca, likewiſe, the ſkin becomes ſcaly, rigid and inelaſtic, as repreſented PL. XIX. This rugged coating prevents for a time, any farther enlargement of the limbs; but the effuſed lymph, by its gradually increaſing preſſure, at laſt overcomes the reſiſtance, and is diſcharged through innumerable crevices.

2. Icthyosis cornea. I never met with an inſtance of a horny rigidity of the integuments, impeding the motion of the muſcles, or joints. It is, however, mentioned by authors as affecting the lips*, prepuce†, toes, fingers‡, &c. and as ſometimes extending over nearly the whole body. A ſingular caſe, of the latter deſcription, is recorded in the Philoſophical Tranſactions, Vol. XLVIII. Part. 2. pag. 580. ‘A young woman,

* Verbrug, De Aneurismate.

† Reghellini, Osservazione Sopra alcuni Casi Rari, 1.

‡ See Affectus Cutaneus singularis, ab Abrahamo Vatero, Eph: Nat. Cur. I. pag. 89. and Zacut. Lusitan. LXI. Pr. Hist. obs. 188.

‘ſeventeen

'seventeen years old, called Patrizia Galiera, was 'brought to the Royal Hospital, in June, 1752, and 'placed under the care of Dr. Crusio, who was in-'formed by her, that the complaint was an excessive 'tension and hardness of her skin over all her body, 'by which she found herself so bound and straight-'ened, that she could hardly move her limbs. Upon 'examining her he found her skin hard to the 'touch, like wood, or a dry hide; however he ob-'served some difference in the degree of the hard-'ness; for in some places it was greater, as in the neck, 'forehead, and particularly in the eye-lids; insomuch 'that she could neither raise nor entirely shut them. 'It was also very great in the lips, tongue, and on each 'side of her body. She could scarce open her mouth, 'not from any fault in the digastric, or other muscles, 'but from the hardness of the skin that covered the lips 'and cheeks, and that would not permit her to draw 'down the lower jaw. This was the case in the 'other parts of the body; the muscles being, as it 'were, tyed down and compressed by a dry, hard, 'and unpliable covering. Her skin had lost its na-'tural warmth, but was sensible when it was pressed 'upon by the nails or a pin, the patient then saying 'that she felt a pain, as if the skin were tearing. Her 'pulse was perceived to be deep and obscure; but 'equal and regular. Her respiration was free and un-

'interrupted: her digeſtion was good; and ſhe found 'no inconvenience after eating, except a greater ſtraight-'neſs and an uneaſy conſtriction round the belly. As 'to the natural excretions, the alvine were eaſy and 'proper; but the urinary ſometimes exceeded the 'quantity of what ſhe drank, and appeared loaded with 'ſalts: both which circumſtances perhaps, proceeded 'from the ſenſible and inſenſible perſpiration being en-'tirely wanting. For upon her being aſked whether 'ſhe ever ſweated, ſhe anſwered, that ſhe did not, 'though ſhe was ever ſo much exerciſed and fatigued. 'Her ſleep was natural: ſhe had never had the men-'ſtrual evacuation. She ſaid, her diſorder began firſt 'in her neck, which ſhe perceived ſhe could not move 'as uſual: then ſhe found the ſkin of her face and fore-'head to grow hard; and ſo ſucceſſively from day to 'day, ſhe ſaw and felt all the external parts of her 'body grow hard and tenſe.'

This form of Icthyoſis is ſometimes attended with the production of horns—a proof that thoſe ſingular ex-creſcences may be cutaneous, or perhaps cuticular, and generated in nearly the ſame manner as the nails in the human body, or the hoofs, and claws of quadrupeds. The following caſe is in the Philoſophical Tranſac-tions, No, 176.

'Ann Jackſon, the horny girl, was born in the city 'of

'of Waterford, of English parents, who are both said 'to have been found and healthy; but the father be-'coming exceeding poor, the child was left a charge 'upon the parish. She is now between thirteen and 'fourteen years of age, yet can scarce go: and is so 'little in stature, that I have seen children five years 'old taller: she is very silly, speaks little, and that not 'plainly: her eyes look very dead, and seem to have a 'film or horn growing over them, so that she can hardly 'now perceive the difference of colours. The horns 'abound chiefly about the joints and flexures, and not 'on the brawny fleshy parts of her body: they are 'fastened to the skin like warts, and about the roots re-'semble them very much in substance, though toward 'the extremities they grow much harder, and more horny. 'At the end of each finger and toe, grows one as long 'as the finger or toe, not straight forwards, but rising 'a little between the nail and the flesh, (for near 'the roots of these excrescences is something like a 'nail) and bending again like a turkey's claw, which 'too it much resembles in colour. On the other joints 'of her fingers and toes are smaller ones, which some-'times fall off, others growing in their places. The 'whole skin of her feet, legs and arms is very hard and 'callous, and does daily grow more and more so. On 'her knees and elbows and round about the joints are 'many horns; two more remarkable at the point of

'each

'each elbow, which twiſt like rams horns: that on the 'left arm is above half an inch broad and four inches 'long: on her buttocks grow a great number, which 'are flat by frequent ſitting: at her armpits and nipples 'of her breaſts, ſmall hard ſubſtances ſhoot out, much 'ſlenderer and whiter than the reſt: at each ear alſo 'grows a horn: the ſkin of her neck does of late be-'come begin to turn callous and like that of her hands 'and feet. She eats and drinks heartily, ſleeps ſoundly, 'and performs all the offices of nature like other healthy 'people, except that ſhe has never had the evacuation 'proper to her ſex.'

Another caſe of this kind is ſtated in the Phil. Tranſactions, No. 297. 'N. Hulme, aged 17, was eight years 'ago, ſoon after the Small-pox, overſpread with a Le-'proſy, when his finger-nails, thumb-nails, and toe-'nails began to grow thick, and by degrees hardened 'into horns, which grew in ſeven or eight months to 'the length of an inch, and ſome almoſt two inches, 'and ſome much longer. All theſe horns about the 'end of twelve months fell off by degrees, that which 'grew firſt falling off firſt, without any pain, unleſs 'when cut off, as they were at firſt, there appearing 'great quicks or roots under the nails.—He has now 'ſhed them ſeven or eight ſeveral times; 2d Oct. 1804.'

ORDER III.

EXANTHEMATA, OR RASHES.

EXANTHEMA, Efflorefcence, feems originally to have expreffed an eruption of papulæ, miliary vefi-cles, wheals, or petechiæ*. Syftematic nofologifts, at prefent, denote by this word all eruptions on the fkin attended with fever, while other medical writers apply it to eruptive complaints of every deno-mination†. I have ufed it DEF. VI. in a more limited fenfe, to exprefs the appearance termed in Englifh a Rafh, which is a rednefs of the fkin, varying as to ex-tent, continuity, and brightnefs of colour, and occa-fioned by an unufual quantity of blood diftributed to feveral of the cutaneous veins, in fome inftances

* Hippocrat. Coac. p. 208. (Ed. Fœsii) and page 157. Aphor. 9. lib. VI. Epidem. lib. V. 7. lib. VI. sect. 2. lib. II. p. 1020. lib. VII. p. 1221 & 1235. Oribas. Synops. VII. 7. Aët. Tetr. II. 1. cap. 129. Actuar. Med. lib. I. cap. 23. & II. 11. Cels. de Re Med. lib. V. 28.

† See Mercurialis, de Morb. Cut. lib. V. cap. 11. Sennert. Pract. Med. lib. V. part 1. cap. 22. Hafenreffer, lib. I. cap. 13, and Gorræi Definit. Med

with partial extravaſation. Of theſe Exanthemata, or Raſhes, ſome are contagious, others not; ſome are always febrile, others not manifeſtly attended with fever; ſome continue for a definite time, others are of an uncertain duration. Their generic diviſions may be entitled Rubeola, Scarlatina, Urticaria, Roſeola, Purpura, Erythema.

I. RUBEOLA, or MEASLES. In this genus, the raſh appears moſtly on the fourth day of a febrile diſorder, and after a continuance of four days, gradually declines with the fever. The diſeaſe is contagious, and takes place in children, or in grown perſons of an irritable conſtitution, from ten to fourteen days after they have been expoſed to the infection*. Others, who

* The children of my friend Mr. Pearson were affected with the Measles in the following order.

1. A boy,	aged 10,	had the eruption on the 5th	day of fever,	3 Dec. 1797.
2. A boy,	—— 7,	—————— 6th	——————	15.
3. A boy,	—— 2,	—————— 3d	——————	15.
4. A girl,	—— 11,	—————— 4th	——————	16.
5. A girl,	—— 6,	—————— 5th	——————	18.
6. A boy,	—— ½,	—————— 3d	——————	27.
7. A girl,	—— 13,	—————— 4th	——————	1 Jan. 1798.

The last child came home from school on the 16th, and was, therefore, affected with the rash sixteen days after exposure to contagion. For

who are lefs fufceptible, may have frequent communication with perfons affected, during feveral fucceffive weeks, but the contagion does not act upon them unlefs the body be brought into a feverifh ftate by fome incidental caufe, as by taking cold, by watching, fatigue, or mental fuffering. I do not recollect any perfon wholly unfufceptible of this difeafe after repeated expofure to the contagion, as happens in the Small-pox in a very confiderable proportion.

The varieties of Rubeola hereafter to be noticed, are Rubeola vulgaris, Rubeola fine catarrho, and Rubeola nigra.

1. In the RUBEOLA VULGARIS, or ufual form of Meafles, the fymptoms prior to the efflorefcence are, on the firft and fecond days, irregular fhiverings alternating with heat of the fkin; general debility or liftleffnefs; flufhing of the cheeks; giddinefs; a fenfation of pain or weight acrofs the forehead and eyes, with difpofition to fleep; fometimes pain of the back and

For eight days before, she had had catarrhal symptoms attended with head-ach and giddiness.

The eldest child of White, King Street, St. James's, had the rash, Oct. 31. 1796, the fifth day of fever. Two younger children had the rash on the 11th of November, the fifth day of fever.

Infants at the breast are not so susceptible as children more advanced.

 limbs;

limbs; slight soreness or roughness in the throat; loss of appetite; frequent nausea; thirst; a white fur on the tongue; clear, high-coloured urine; pulse much increased in frequency, and somewhat labouring or irregular. On the third and fourth days, the same symptoms continue, but with greater violence: the eyes become tender and inflamed; the eye-lids and tarsi appear a little turgid; at the same time a serous humour is copiously discharged both from the eyes and nostrils, which occasions repeated sneezing. The disease during this period, and usually for two or three days longer, is accompanied with a frequent, dry cough, hoarseness, difficulty of breathing, and a sense of constriction across the chest. In children a harsh, sounding cough often occurs seven, ten, fifteen, or twenty days * before the disease formally commences: all the symptoms of the first stage are in them more severe than in adults; and they are affected, more especially if teething, with frequent twitchings, or even with strong convulsive fits, a circumstance mostly considered as favourable, with which opinion, however, the result of my own experience does not coincide.

In those who have a very delicate skin, the rash or efflorescence sometimes appears partially on the third

* Compare Hoffmann, tom. II. § 1. c. 8. Heberden. Comment. p. 266.

day:

day: a dark, or thickened ſkin, and the application of cold, may, in a few caſes, prevent it's being manifeſt till the fifth or ſixth day; but when it is ſaid not to have appeared till after this time, the patient had probably become feveriſh from ſome incidental cauſe*. If the diſeaſe begin with a diſtinct paroxyſm of fever, in a perſon more than twelve years old, the effloreſcence takes place almoſt invariably on the fourth day. It is firſt viſible on the forehead, under the chin, or about the throat, then on the noſe, cheeks, and round the mouth, exhibiting elſewhere, in the courſe of this day, only a few ſcattered ſpecks (Stigmata DEF. IV.) with a ſomewhat warmer colour of the ſkin than uſual. It is formed on the neck and breaſt early on the fifth day, and is diffuſed, towards evening or in the night, round the trunk of the body, and along the extremities: during this day, it is moſt full, and vivid, on the face.

The colour of the raſh in the Meaſles is leſs bright than in ſome other diſeaſes of the preſent order. The

* When a person, who carries about him the contagion of the Measles, gets a Catarrh, or becomes feverish from the causes mentioned page 215, the contagion begins to operate about the fourth day of such a fever, and then excites fresh paroxysms, which, after four days, terminate in the eruption: hence the febrile stage, previous to the rash, appears in this instance to have the extent of eight days.

precife

precife tint, on the fifth day, is exhibited PL. XX. and XXI. On the eighth day, when the rafh declines' the colour changes to fomewhat of a yellowifh hue; fee PLATE XXII. Fig. 2. The rafh commences with diftinct, red, and nearly circular dots, about the fize of thofe at A. Larger patches appear afterwards, which are not exactly defined, but approach neareft in their form to the figure of a crefcent or femicircle, as B. B. B. Thefe patches are flightly raifed, and give to the finger the fenfation of an unequal furface. Being examined with attention, they are found to confift merely of clufters of the fmall red circles before-mentioned. Many of the patches are interfperfed with the fame red, circular dots; but there are, for the moft part, large interftices of cuticle retaining its ufual colour. From thefe characteriftic appearances of Rubeola, there are only partial variations; as, 1ft. The flufhed and tumefied ftate of the cheeks, while the fever continues, may obliterate or obfcure the form of the rafh on thofe portions of the furface. 2dly. In infants lefs than a year old, the efflorefcence is much fcattered; and on the cheeks, nofe, backs of the hands, &c. it often confifts of diftinct papulæ, DEF. V. The wrifts, hands, and fingers are alfo frequently papulated in adults. 3dly. In many perfons, at different ages, there are, during

during the height of the efflorefcence, lymphatic or miliary vefícles * on the neck, breaft, and on the arms, as reprefented in PLATE XX. C. C.

It is to be obferved that, on the fourth day, fmall dark red patches, in their form nearly refembling thofe above-defcribed, appear on the palate, uvula, tonfils, and velum pendulum palati. During the fifth day they become more mixed, and terminate in a general

* I inoculated, about the same time, three children with the fluid contained in these vesicles, but no effect was produced by the inoculation. A similar trial at the Inoculation Hospital proved more successful. Richard Brookes, aged eighteen, was inoculated by Mr. Wachsel, with fluid from the miliary vesicles in Measles, and with vaccine virus, January 6, 1800. On the 10th, there was some redness and elevation of the cuticle at both the inoculated places. Jan. 15. The redness round the part where the lymph of the measles was inserted, had disappeared, while the vaccine pock was vivid. Jan. 18. The Vaccine disease was over. Jan. 22. He had severe cough, sneezing, and watery eyes, with cold shiverings and fainting. Jan. 28. The Measles appeared: his eyes were inflamed, and the lids swollen. 29. The efflorescence was diffused all over the surface of the body; frequent cough; violent fever. Feb. 1. Efflorescence disappeared; cough and fever much abated. From that time he recovered gradually, and was dismissed in health the 12th of February.

Three children, of one family, infected by him, had the usual efflorescence of Measles on the 10th, 11th, and 13th of February. From these the contagion extended to others in the house, three of whom had the efflorescence on the third of March, one on the 15th, one on the 18th, one on the 20th, one April 9th.

ftreaky

ſtreaky redneſs extending to the fauces behind the velum pendulum. This ſtate of the ſurface occaſions a ſenſation of roughneſs in the throat (p. 216.), and aggravates the hoarſeneſs already produced by the primary catarrhal inflammation about the larynx, &c.

On the ſixth day of the diſeaſe, the effloreſcence on the face begins to fade and ſubſide, while the patches on the body are moſt red and extended; but theſe, in like manner, change their appearance the day after, loſing gradually their diſtinguiſhing form; ſee page 218. The patches, or papulæ, on the back of the hand and wriſt, which uſually appear lateſt, in ſome inſtances on the ſixth or ſeventh day, do not always decline till the eighth day.

On the ninth day, there remain only veſtiges of the effloreſcence marked by a ſlight diſcolouration; this, however, diſappears before the end of the tenth day. When the raſh begins to decline on any part, the cuticle becomes dry and rough, and ſoon after ſeparates in ſcurf (DEF. I.) Hence ariſes a very diſagreeable itching of the ſkin, which continues from the ſeventh to the tenth day.

The progreſs of the eruption is ſometimes prematurely checked by expoſure to cold, or by the im-

proper

proper uſe of purgatives. It's retroceſſion occaſions violent delirium, reſtleſſneſs, difficulty of breathing, pain of the bowels, diarrhœa, &c. and always greatly endangers the patient's life*.

The inflammation of the eyes, the diſcharge of tears, the ſneezing, and hoarſeneſs, generally ceaſe on the decline of the effloreſcence about the ſeventh day; at leaſt they are always much abated at that time, and the appetite for food returns. Between the fourth and ſixth day, there is often a hæmorrhage † from the noſe, and in females an appearance of the catamenia out of their courſe, but theſe circumſtances occur in other eruptive diſeaſes.

Dr. Heberden has noticed the following particularities of Rubeola: "One patient was ſeized with a ſpitting on the fourth day, which continued to teaze

* Quando Morbilli, et Variolæ de improvisò intùs subsidunt, postquam cœperint emergere, et cum molestiâ simul accidit deliquium, interitûs citò deliquium istud sequetur, nisi erumpant denuò. Rhazes, cap. 14. Compare Avicenna De Alhasbet, & Alsaharav. tract. 31. cap. 1. Foresti Obs. 45. l. VI. Schol. and Reports on the Diseases in London, p. 99.

I never saw what is remarked Ed. Med. Essays, V. 28. "that in some instances, after the patients had remained listless for several days or weeks, the eruption came out again." This occurs, however, in the Scarlatina.

† Foresti, Obs. 48. l. V. Hoffmann. tom. II. p. 66.

him for forty-eight hours, without ſuffering him to reſt at all by day, or to ſleep at night: the cough in the mean time almoſt ceaſed, and all the other ſymptoms were as mild as in a favourable ſort of the Meaſles."

"In one or two patients, I have ſeen the eruption appear on the arms a few hours after it's having been obſerved on the face and neck."

"Once or twice the diſtemper has been obſerved never to have reached the arms, which parts, through the whole of it, ſhewed none of the uſual ſpots."

"The eye-lids have been ſo ſwelled, on the ſecond day of the eruption, that for twenty-four hours they could not be opened."

"In ſeveral patients, the marks on the face have been, the third and even fourth day of the eruption, of as bright a red as ever. In others, I have obſerved them to diſappear entirely on this day, and all the other ſymptoms likewiſe to retreat."

"I have noted a very troubleſome and conſtant ſneezing, which firſt came on upon this day."

"A child, five years old, became comatoſe the third day of the eruption, and died the next."

"The longer the preparatory ſymptoms have continued, and the worſe they were, ſo much the leſs mild the diſtemper proved."

"Thoſe

"Thofe who have fhewn the leaft remains of the eruption after the feventh day of the difeafe (and fome have hardly fhewn any) have appeared the beft; and in thofe where it was ftill in undiminifhed vigour, the cough and fever have been the worft."

At the commencement of the eruptive ftage of the Meafles, the fever does not receive any immediate alleviation, but is often fomewhat aggravated. However, the naufea and vomiting feldom continue beyond the fourth day, as Sydenham has juftly remarked: the diftreffing heat, panting, and reftleffnefs abate on the fixth day. When the efflorefcence and it's concomitant fymptoms are finally removed about the ninth or tenth day, a diarrhœa, in general, fupervenes, and is troublefome for feveral days afterwards: it fometimes comes on at an earlier * period of the difeafe, efpecially in children.

In many perfons, the cough, foon after the difappearance of the rafh, recommences with violence, being attended with difficulty of breathing, fixed pain in the fide, flufhing of the cheeks, quick pulfe, and often with paroxyfms as in a hectic. Thefe fymptoms are protracted much longer than in pneumonic inflamma-

* See Syd. sect. 1. c. 5. and Med. Trans. III. 399.

tion produced by cold, and they frequently terminate by effuſion into the cavity of the cheſt, or by ſpitting of blood, ſuppuration, and confirmed pulmonary conſumption.

Some other appearances which occaſionally ſucceed the Meaſles likewiſe demand attention. Theſe are,

1ſt. Small hard tumours, like boils, being in the beginning very much inflamed, and ſometimes of a livid colour, afterwards ſuppurating with great pain and a ſanious diſcharge. They appear moſtly on the back, loins, or lower extremities, and are not readily healed. In children there is an analagous eruption of inflamed puſtules (Phlyzacia DEF. X. 1.) on different parts of the body, but particularly on the feet, legs, thighs, and ſcrotum.

2dly. An eruption round the cheſt, about the mouth, temples, &c. of watery veſicles, in cluſters, with an inflamed baſe, producing much heat, pain, and tingling of the ſkin.

3dly. In infants aphthous ulcerations of the tongue and fauces.

4thly. Soft puſtules containing a viſcid, ſtraw-coloured

loured fluid (Achores & Favi, DEF. X. 3.) on the head, face, breaſt, and thighs, ſucceeded by ulcerations at the corner of the mouth, with tumour of the upper lip, ſore eyes and ulcerations of the tarſi, diſcharges from behind the ears, enlargement and tedious ſuppuration of the ſubmaxillary, occipital, axillary, and inguinal glands, and with pain and ſwelling of the joints*.

5thy. In ſome caſes where no eruption of puſtules, nor ſuperficial ulcerations have preceded, the lymphatic glands of the neck and other parts become conſiderably enlarged: this appearance is ſucceeded by a ſwelling and tenſion of the abdomen, with hectic fever and emaciation.

I never ſaw the Rubeola terminate by gangrenous ulcers of the throat, cheeks, gums, &c. or by caries of the jaw-bones, as ſtated in ſeveral reſpectable authors†. Thoſe

* See J. J. Schlierbach, in Act. N. C. tom. VI. p. 215. ann. 1739.

† Nonnulli ex neglectis aphthis tanta accrevit oris putredo, ut ante instans mortis punctum, mandibulæ sponte exciderint; aliàs a chirurgis caro circà illas, gangrænâ affecta, omnino resecta fuerit. Eph. Nat. Cur. dec. 1. ann. 2. 1669.

Plus semel hoc mense notavi faucium, et oris gangrænam, maxillæ porrò, et vomeris ossis cariem, unde mortem miserrimam—post Morbillos scilicet.—Huxham de Aere, tom. II. 137 & 139. The epidemic disease here mentioned was often succeeded by " ophthalmia, angina, ulcera faucium, parotides, cum erysipelate

Thoſe dreadful ſymptoms more eſpecially belong to another diſeaſe of the preſent order.

The eruptive ſtage of the Meaſles is not attended with much danger, either to infants or adults, but the ſubſequent period may prove fatal in both. Between the ninth and twelfth day, ſome children are unexpectedly attacked with great difficulty of breathing, or ſuffocation*, and die in a few hours. In others, the uſual diarrhœa, beginning about the tenth day, continues, without intermiſſion, ſo long that they become pale, emaciated, and exhauſted: aphthous ulcerations of the mouth, under theſe circumſtances, are generally the fore-runners of death. Adults, as well as children, have, in ſome caſes, hectical paroxyſms twice in twenty-four hours, without any cough or diarrhœa: during the intervals, there is great reſtleſſneſs, panting, and a quick irregular pulſe. The patients thus affected for two or three ſucceſſive weeks, gradually ſink under the complaint: a fatal termination of it

erysipelate capitis," &c. It was, therefore, probably the Scarlatina anginosa, not the Measles. Huxham, in the early part of his observations, uses without nice discrimination the terms rubeola, morbilli, rubeoli, and rossalia or scarlatina, page 68. Many singular examples of this inaccuracy of language, which has been very injurious to medical science, will appear hereafter.

* See Hoffmann de Febre morbillosâ.

ſeems,

ſeems, however, to be averted by the appearance of boils, puſtules, or ſuppurating tubercles on the ſkin, which operate very favourably with reſpect to the internal diſorder. In like manner, the fever, diarrhœa, cough, pain, and dyſpnœa, ſoon abate after an eruption of the Achores (DEF. X. 3.), and almoſt inſtantaneouſly after an eruption of inflamed watery veſicles round the cheſt, about the hypochondria, &c. page 224. An alleviation takes place, but more ſlowly, in conſequence of a diſcharge from behind or from within the ear, and of ſuppuration in ſome of the lymphatic glands. When nothing of this kind appears externally, the inflammation of the lungs and pleura in adults (page 223) is ſometimes on a ſudden greatly aggravated: the cough ceaſes, reſpiration becomes more and more laborious, with a ſenſe of oppreſſion and anxiety: the eyes are glaſſy, the countenance livid, the extremities cold, the pulse ſcarcely diſcernible. After a ſtruggle of three or four days, the diſeaſe has a fatal termination, the cauſe of which diſſections have aſcertained, in ſeveral caſes, to be an effuſion, into the cavity of the thorax, of lymph mixed with blood, or matter.

The Rubeola vulgaris is uſually a mild diſeaſe in the ſummer months, being attended with a moderate degree of fever, and but little cough. In January,

February,

February, and March, it is moſt frequent, moſt ſevere, and moſt dangerous. Dr. Sydenham's obſervation* "that the Meaſles, whether regular or anomalous, begin in February, arrive at their acmè about the vernal equinox, then decline till midſummer, and wholly diſappear in July," is not confirmed by other writers, nor ſeems to agree with the experience of practitioners in London at the preſent time†. The diffuſion of contagious diſeaſes may be ſomewhat promoted by the ſtate of the atmoſphere, but it certainly depends much more on other circumſtances, ſuch as the full population of any place, the cloſeneſs and want of cleanlineſs in it's tenements, the frequent intercourſe between the inhabitants of the diſtrict where infection prevails and thoſe of other towns and cities: laſtly, a greater extent is given to all contagious febrile diſtempers when the public mind is ſtrongly impreſſed with the fear of a hoſtile invaſion, famine, or any general calamity. Of theſe prediſpoſing apprehenſions the dread of contagion itſelf is not the leaſt.

* De Morbillis ann. 1670, page 158, 169. "The Measles take place mostly in autumn, either with a south wind, when the air is turbid and hazy, or when there is rain with any other wind." Rhazes from George Bachtishua. "The Measles and Small-pox are multiplied in hot summers with a south wind." Rhazes, cap. 2. & Avicenna, I. 2. 2. 6. Alsaharavius says, "When the winter is hot and dry, with little rain, then expect the Alhasba" (Measles.) Tr. 31 cap. 1.

† See Reports on the Diseases in London, page 104-5.

In the eruptive ſtage of the Rubeola vulgaris, it is neceſſary to enjoin a very light diet, with mild, tepid drinks, to keep the patient in a room of a moderate size, and carefully to guard againſt any ſudden changes of temperature. An emetic * given on the ſecond or third evening, ſomewhat alleviates the violence of the catarrhal ſymptoms, and contributes to prevent the diarrhœa which uſually ſucceeds the Meaſles. During the eruption, I have not obſerved any conſiderable effect from antimonials or other diaphoretics: bathing the feet every evening in warm water ſeems to be a more beneficial application. Emulſions and mucilages afford but a very feeble palliation of the cough, and difficulty of breathing. Theſe ſymptoms are relieved by the inſpiration of ſteam, which may be further recommended as an effectual mode of promoting perſpiration. The metallic inhalers, uſually employed, convey too ſtrong a heat into the lungs; it will therefore be ſufficient to ſet before the patient a baſon full of hot water, the vapour being ſlightly confined round the head by a piece of cloth or flannel.

The neceſſity of blood-letting in this diſeaſe is generally allowed, authors only differ in reſpect to the time when it may be practiſed with moſt advantage.

* See De Meza, tom. I. 98. Hoffmann. tom. II. p. 63. Rosenstein on the Diseases of Children, chap. xvi.

Dr. Morton* thinks it requisite as soon as the eruption is completed, the disease being, in his opinion, most inflammatory at that period.—Sydenham† recommends bleeding after the eruption has disappeared, and when a difficulty of breathing succeeds, with symptoms of inflammation of the lungs: in that case, he thinks, even infants may be bled with great advantage. Dr. Mead‡ criticises the doctrine of both these eminent physicians, and observes that our practice should be regulated by the degree of the pneumonic inflammation, without attending to the particular period of the disorder, or state of the eruption. Dr. Heberden agrees with him in opinion:—" Bleeding may be used at any time of the Measles, and is always beneficial where the symptoms are very distressing, particularly an oppression of the breath, to which every stage of this distemper is liable: and bleeding, together with such medicines as the occasional symptoms would require in any other fever, is the whole of the medical care requisite in the Measles. The flowing of the menses ought to be no objection to the opening of a vein, if the cough and shortness of breath make it otherwise advisable. I never saw any bad consequences from bleeding a woman in these circumstances; but the greatest danger might attend

* De Morbillis, pag. 54. † De Morbillis, ann. 1670.

‡ De Morbillis, 92—95.

the

the omitting to do it in a violent cough and oppreſſion of the breath."

"The Meaſles are far leſs dangerous for pregnant women than the Small-pox. I have attended ſeveral, who were greatly haraſſed by the violence of all the uſual ſymptoms in this illneſs; but I never knew it make one woman miſcarry, or be in more danger on account of the pregnancy*."—It appears further, that infants, before birth, may go through the Meaſles without injury, ſome having been born with the actual eruption, others with the veſtiges of it on the ſkin†.

In bleeding infants during the Meaſles, it is not neceſſary to open a vein, as Dr. Sydenham has adviſed, but the application of leeches to the upper part of the cheſt, will generally prove advantageous, and may be repeated as the ſymptoms require. It ſeems, however, not improper to bleed, with the lancet, children more than five years old, in the caſe of

* Comment. pag. 271. & Med. Trans. Vol. III. 404.

† Hon. matrona cum dimidiam partem noni mensis impraegnationis attigisset, febre àcutâ et quidem malignâ, correpta fuit: Morbilli quinetiam mox per totum corpus eruperunt. Quartâ die morbi, praegnantium doloribus correpta, puellum per totum corpus morbillis contaminatum peperit. Hildan. Obs. Chirurg. 56. Cent. IV. Compare Ephemerid. N. C. DEC. II. Ann. iii. pag. 204. Cent. V. pag. 91. and Rosenstein, chap. XIV. I have not myself ever seen an instance of this kind.

fudden difficulty of breathing, which threatens to fuffocate the patient at the conclufion of the difeafe, as mentioned page 226.

On the third, fourth, or fifth day of the fever, when there is oppreffion with anxiety, heaving of the lungs, and a labouring pulfe, moft practitioners recommend bloodletting in adults. I have not adopted the recommendation unlefs urged by the coincidence of a hard cough, and pains in the cheft. Thofe who from doubt, or from fome collateral motives, are led to await the event, ufually find the pulfe become moderate, and the uneafy laborious refpiration terminate in twenty-four hours. This oppreffed breathing is, indeed, common to other eruptive fevers, and if it were univerfally confidered to be an indication for bleeding, the practice would often be more fatal than the difeafe. When the efflorefcence in Meafles has wholly difappeared, and the cough, difficulty of breathing, and pains in the cheft are very fevere, bleeding and cupping may perhaps be repeatedly neceffary. Yet, even in robuft habits, fome limitation is requifite to this mode of practice, fince it has not an effect in alleviating the fymptoms, equal to that which is experienced from it in pulmonic inflammations, originating from cold. Hence we fhould employ as auxiliaries to bleeding, at the latter period of the difeafe,

blifters,

bliſters, opium, and demulcent liquors. Sydenham preſcribed an opiate* every night through the whole courſe of the Meaſles, but this plan ſeems not beneficial in the eruptive ſtage: I have obſerved, and myſelf felt, while labouring under the diſeaſe, that opium did not conciliate ſleep, but produced an increaſe of heat and reſtleſſneſs, and therefore ſeldom direct it till the efflorescence has declined. A diarrhœa occurring at this period may be accounted a moſt favourable circumſtance, ſince nothing ſo effectually relieves the peripneumonic ſymptoms, or contributes more to prevent the troubleſome conſequences of the diſeaſe formerly mentioned. The neceſſity of bleeding as a remedy for the diarrhœa is inſiſted on by Dr. Sydenham from theoretical reaſoning†. Experienced practitioners in London ſeem to have now decided, that we ought not to interfere with this critical evacuation, but should rather allow it a free courſe, at leaſt for ſome days. Where the

* At præ reliquis diacodium omni nocte ab ipso morbi insultu, per totum ejus decursum, exhibendum curavi. Sect iv. cap. 5.

† Quin diarrhœa quam Morbillos excipere diximus, venæ sectione pariter sanatur: cum enim halitibus inflammati sanguinis in intestina ruentibus ortum suum debeat (quod etiam in pleuritide, peripneumoniâ, aliisque qui ab inflammatione creantur morbis usu venit) a quibus illa ad excretionem stimulantur, sola venæ sectio levamen adferet, a quâ tum revelluntur acres isti homores, tum etiam sanguis ad debitam redigitur temperiem.

diarrhœa

diarrhœa does not thus take place, it is proper to imitate the uſual proceſs of nature, by the occaſional uſe of purgatives, which will always be found to relieve the cough, and by allaying the inflammatory ſymptoms often ſuperſede the neceſſity of bloodletting.

2. Rubeola sine catarrho. When the Meaſles are epidemical, a few caſes occur wherein the eruption goes through it's different ſtages without any cough, difficulty of breathing, or inflammation of the eyes; without much alteration in the pulſe, or any febrile ſymptoms*. This variety of Rubeola may be diſtinguiſhed from other effloreſcences, alſo from the Lichen, and Strophulus, by comparing with the account and repreſentations given of thoſe complaints, the ſtatement at page 218, and the coloured engraving, PL. XXI. In infants the eruption is more papulated, and the patches often leſs extenſive, than repreſented in the plate, ſo that to diſcriminate with exactneſs, the patient

* So Dr. Heberden: "Some have been so fortunate as to have the Measles appear after suffering so very little from fever, or any of the preparatory symptoms, that they could hardly say they had been ill;" and Sprengel, de Constitut: epid: Halens. anni 1790. Act. Nov. N. C. Tom. VIII. p. 153. "Vidi infantes sanos, robustos, qui nec lecto, nec hypocausto affixi, quatuor diebus liberi fuerunt ab omni morbi molestiâ. Nulli hic desquamatio obtigit. Remediis fere non opus fuit. An recursui morbillorum genuinorum hæc subjecta obnoxia sunt observare non licuit." The author considers this as the species termed by other German writers Morbilli spurii.

being

being under two years of age, requires both minute attention, and ſome previous habitude.

An eruption of the Meaſles without fever or catarrhal ſymptoms, though not requiring medicine, merits in this place a ſpecific conſideration, becauſe it does not appear to emancipate the conſtitution from the power of the contagion, nor to prevent the acceſſion of the Rubeola vulgaris at a future period. For two inſtances of this recurrence, being among my own children, and at an interval of two years, I can decidedly anſwer. The particulars are given in the "Reports on the Diſeaſes in London, 1799," page 207. Under what circumſtances the Meaſles have elſewhere occurred two or more times in the ſame perſon, is not eaſily collected from the authors who mention ſuch repetitions of the diſorder*. After an attention for more than twenty years to eruptive complaints, having never met with an individual who had twice had the febrile Rubeola†, I am led to ſuſpect ſome miſtake in the caſes adduced contradictory to this obſervation—a miſtake likely to be made, conſidering how difficult it often is to diſtinguiſh the Meaſles from

* See Burserii Instit. Med. Pract. § cxii. & Roberdière, Recherches sur la Rougeole, pag. 3. A Paris, 1776.

† During a practice of forty-four years, I never met with a single instance. Rosenstein, ch. XIV.

Scarlatina,

Scarlatina, Roſeola, Strophulus, &c. conſidering alſo that young practitioners are not leſs forward than thoſe more experienced in publiſhing their obſervations, nor leſs deſirous of eſtabliſhing new doctrines in medicine. I cannot, however, omit the ſingular occurrence of two eruptions of the Meaſles, in the ſame perſon, at a ſhort interval, or of the immediate ſucceſſion of the Rubeola vulgaris to the Rubeola ſine catarrho, noticed (p. 106) in the Reports on Diſeaſes, above quoted. I have ſince ſeen other caſes of the ſame kind, wherein the efflореſcence, without fever or catarrhal ſymptoms, having declined, there appeared, on the fourth day from it's commencement, a new efflореſcence, and violent diſorder of the conſtitution. Theſe inſtances are perfectly analogous to ſome caſes of Small-pox, in which diſtinct puſtules ariſe without any material complaint, and when theſe decline, about the eighth or ninth day after their appearance, the variolous fever takes place with an eruption of confluent pocks over the whole ſurface of the body.

3. Rubeola nigra. I never ſaw the Rubeola vulgaris intermixed at an early period with petechiæ: but it ſometimes happens, about the ſeventh or eighth day, that the raſh becomes ſuddenly black, or of a dark purple colour, with a mixture of yellow, as repreſented PLATE XXII. Fig. 1. This appearance has continued

ten

ten days, and in ſome caſes longer, without much diſtreſs to the patient*, and with no other ſymptoms of fever than a quick pulſe, and a ſlight degree of languor. It is, however, obſerved by Hoffmann, "Malum dein, quando aliæ maculæ, virulentiæ non expertes, uti petechiæ, purpura, vel etiam puſtulæ ſcorbuticæ, complicantur, vel in fine, cum vitæ diſcrimine, ſuperveniunt †."—In the treatment of this diſeaſe, the mineral acids were employed with evident advantage. The only caſe I have ſeen, which terminated fatally, was of a boy under four years of age. He had ſymptoms of Catarrhal fever on the 17th of

* See Reports on the Diseases of London, page 189.

† Hoffm. op. tom. II. page 67. We might conclude, from the repeated mention of them by certain medical writers, that these appearances are much more frequent and fatal in a hot climate: Signum Alhasbæ mortalis, et pravæ, est livedo coloris, et viriditas, vel color violaceus. Alsaharav: Pract. II. 31. & Avicenna, tom. II. pag. 74.

Dixit F. Mesue: cum vides Blactias coloris fusci, et sunt universaliter per totum corpus, et amplæ; et murmurat, et pigrescit æger, et venter ejus inflatus est, manibusque repercussus sonat ad modum tympani, est malum.

Morbilli fusci quidem pravi sunt, virides autem et violacei, ambo planè lethales. Rhazes de Variol: & Morbillis, cap. 14. Ad Almansor. L: X. cap. 18. & Continent. L. XVIII. cap. 8. Rhazes also mentions an oozing of blood from the patches in the Measles. The above observations, however, cannot be fully depended upon, because most of the Arabian physicians have confounded the symptoms or circumstances of the Measles with those of the Small-pox, and Scarlet Fever.

December, 1799. The uſual efflorefcence appeared on the 24th, and after partial deſquamation on the 26th and 27th, became of a livid colour, eſpecially on the breaſt. His fever continued, with a frequent dry cough, with quick laborious breathing; blackneſs of the lips and cheeks, beating at the temples, occaſional delirium, thirſt, nauſea, and frequent ſmall ſlimy offenſive ſtools, till the 8th of January, when his hands began to ſwell, and were ſoon afterward, as alſo the feet, permanently contracted. In this ſtate he died, January 13th, in the morning.

I have not obſerved any other varieties of Rubeola requiring particular conſideration. There is no ſufficient ground, or authority, for the diſtinction of Rubeola variolodes made by Sauvages*. Thoſe who ſpeak of

* He refers to the Journal de Medecine, July 1758, where the complaint mentioned is the Zona herpetica, or Shingles. The terms Rougeole boutonnée are applied by some French writers to the Chicken-pox: in others they express the appearance of papulæ, and miliary vesicles, along with the usual rash; see above, page 218, & 234. Malouin, Hist. de l'Acad. It is observed, Ed. Med. Ess. V. 27. of the Measles in 1735, "The Exanthemata were of the common form generally, but in some they rose above the surface of the skin as high as the mild kind of Small-pox are generally on the second day; none of them however suppurated." These papulated Measles are called at Edinburgh "the Nirles," a term likewise applied in Scotland, and the northern counties of England, to denote the Herpes miliaris.

Morbilli

Morbilli ſine Rubeolâ, and of Febres morbilloſæ ſine Morbillis *, perhaps refine too much:—ſhould the efflorefcence be partial, or very obſcure, on the ſurface of the body, it will generally be ſeen in the mouth and fauces (page 219.) Any perſon much expoſed to the breath of patients affected with the Meaſles and Hooping Cough, may, after having had thoſe complaints, be notwithſtanding liable to ſlight inflammation of the eyes, ſneezing, and ſevere cough, with ſome febrile ſymptoms; but the Febris morbilloſa of Sydenham†, and de Haen, is not of this nature: it ſhould rather be ranked among the ſpecies of epidemic Catarrh, a diſeaſe which often occurs at ſeaſons when the Meaſles are moſt prevalent, and which ſeems annually to viſit our metropolis‡.

* De Haen de Febr. divis. 17. § 6. Ed. Med. Essays, vol. V. pag. 29. Act. Nova, tom. VIII. pag. 183.

" J'ai vu, tandisque la Rougeole règnoit en ce pays, quantitè de Fievres morbilleuses sans eruption, chez ceux surtout qui avoient dejà eprouvè cette maladie. Cette espece de fievre, plus maligne en quelque sorte que l'eruptive, en avoit tous les symptomes au dèrnier degrè, de sorte qu'on ne pouvoit se mèprendre, et la regarder pour autre chose qu'une Fievre morbilleuse, qui ne differoit de la Rougeole, que par une apparance extèrieure."—Roberdière pag. 7, 8.

† De Morbillis, ann. 1674.

‡ See Reports on the Diseases in London, pages 2. 59. 76. 146. 253.

In the Morbilli anomali ann. 1674, mentioned by Sydenham, the anomaly is referable to the following points: 1ſt. The raſh occurred a few hours ſooner or later than in the regular Meaſles of 1670. 2dly. It appeared firſt on the ſhoulders and trunk of the body, not on the face. 3dly. It was not often followed by deſquamation of the cuticle *. 4thly. The fever, cough, and peripneumonic ſymptoms were more violent than uſual, and therefore often terminated fatally. —In other reſpects the diſeaſe of 1674 agreed with that of the year 1670, and required the ſame mode of treatment. The irregularities noticed by Burſerius (§ CI.) chiefly relate to the form and duration of the fever attending the Meaſles.

It may be proper here to notice the "Putrid Meaſles," obſerved by the late Sir William Watſon, among the children at the Foundling Hoſpital, in 1763 and 1768; ſee Med. Obſ. Vol. IV. In this diſeaſe there was a cough, and watery inflamed eyes, but "the eruption appeared, over nearly the whole body, on the ſecond day;" "the fauces were of a deep red colour;" "the pulſe was very quick, but low;" "the patients com-

* When the efflorescence is partial and obscure, the cuticle seldom desquamates after it, and the disease is always severe. Nearly the same danger arises in this case, as when the premature retrocession of the rash occasions the distressing symptoms recorded page 221.

plained

plained of extreme weaknefs, and could not bear bleeding;" "their oppreffed and difficult breathing was attended with great reftleffnefs, and anxiety, but with fcarce any expectoration throughout;" "fome died under laborious refpiration, more from a dyfenteric purging;" "feveral were fo debilitated that they refufed to take almoft any nourifhment, and funk quite emaciated, one fo late as fix weeks after the attack"; "fome cafes terminated in mortification of the rectum, pudenda, cheeks, gums, &c. others with caries of the jaw bones." Thefe circumftances do not belong to the Rubeola, or Meafles, generically confidered; they are, indeed, ranked otherwife in Sir W. Watfon's own ftatement refpecting the difeafe, which he refers to the Morbilli maligni, or epidemii, defcribed by Morton*. Now it muft be obferved, Dr. Morton exprefsly maintains that the Meafles and Scarlatina are the fame difeafe, with no more variation in their form than there is between the diftinct and confluent

* Dr. M. also terms them Morbilli spurii, pag. 33. 41. 55. 86. &c. De Morbillis et Febre Scarlatina. These "malignant" or "spurious Measles," were, in some cases, attended with peripneumonic symptoms, in others with angina, or ulcerations of the fauces and parts adjoining, said to have been fatal, by a sudden strangulation, to many hundreds, during the year 1672.

Small-

Small-pox*; he has therefore conjoined their principal ſymptoms (cap. iii.), and wiſhes to baniſh the diſtinction, and the very name of Scarlatina, from medical language†. In this wiſh Dr. Morton has not ſucceeded: hence thoſe readers who attend, not to the names of things, but to the things themſelves as deſcribed, will find that the Morbilli maligni, Morbilli epidemii, Morbilli ſpurii, and Febris morbilloſa peſtilentialis, in his writings, have no relation to the Meaſles, but conſtitute the diſeaſe, to which other writers have given the titles of Angina maligna, Ang. epidemica, Ang.

* De Morbillis & Febre Scarlatina, cap 4 & 5. Febris Scarlatina quoad causas, symptomata, differentias, prognostica, indicationes curativas, et methodum medendi, idem ipsissimus morbus est ac Morbilli. Pag. 7.

† "Exulet igitur per me e censu morborum hæcce febris, nisi cuiquam Morbillorum confluentium titulo eam designare in posterum visum fuerit." Dr. M. accordingly subjoins histories of Measles, and Scarlatina, taken indiscriminately. The first case, which is given as a specimen of the Morbilli epidemii of 1672, must, according to Dr. Morton's own definition (page 39), be considered as a case of Scarlatina, for he says, efflorescentia morbillosa—summè inflammata, ferè ad instar erysipelatis, apparebat, and he applies nearly the same terms, in the second case, to express the efflorescence of an acknowledged Scarlet Fever. The last case, entitled Febris Scarlatina symptomatis dirissimis, et pestilentialibus comitata, he refers to "a morbillous poison," which, when it cannot be propelled through the cuticle, usually falls upon the glands of the nostrils, fauces, groin, &c. producing inflammation, and ulceration of them, also carcinoma, buboes, and swelled parotids.

peſtilentialis,

peſtilentialis, Ang. ignea, Scarlatina anginoſa, Scarlatina maligna, &c. &c*.

Sir William Watſon probably firſt adopted Dr. Morton's opinion, and nomenclature, about the year 1768; ſee Med. Obſ. IV. p. 133. In 1763, his technical terms ſeem to have been different: he ſays, Med. Obſ. IV. p. 136, "The firſt perſon ſeized with the Epidemic Meaſles was on April the twenty-firſt," but in the weekly Report of the ſick to the Hoſpital Committee, and in the Apothecary's book, this caſe is denominated "Eruptive Fever†." The two other caſes, ſaid, Med. Obſ. p. 137, to have occurred between the 21ſt of April and the 4th of May, are not entered in the written books under the denomination of "Meaſles": one is termed "Eruptive Fever," the other "Scarlet Fever."

* The same observations apply to the passages quoted from Huxham in Sir W. Watson's paper. See above, pag. 225. Dr. Morton might have been defended from the severe censure on his accuracy respecting the fatality of the Morbilli maligni (Med. Obs. IV. 30), by allowing him the classical licence use the numeral "tercentos" indefinitely, did not the adverbs "plus, minus" rather too strongly convey an intention of fixing the average of deaths by this malignant disorder at 300 a week in London, during the autumnal months of 1672.

† "Mary Grant, April 21, Eruptive Fever and Mortification. Died May 3d, 1763."

Fever*." From theſe ſources one hundred and eighty children were ſoon affected with the diſeaſe in question, every caſe of which is termed "Eruptive Fever," no mention being made of Meaſles in the Report-book till the latter end of November, when ten caſes are entered under the name of "Morbillous Fever." This, however, had no connexion with the preceding "Eruptive Fevers," which, according to the printed account, (page 137) wholly ceaſed on the 9th of June†.—In 1766 many of

* "Edward Page, April 26, Scarlet Fever." "Hester Fox, April 30, Eruptive Fever." One of the first cases is also termed "Fever with a Rash;" some others are entitled "Fever" simply. The varieties of Scarlatina were not named, or distinguished, by English physicians, for many years after the the date of Sir William Watson's Essay. Hence, in connecting his observations with those of preceding writers, he was probably led to use their terms and distinctions, and to entitle his paper "an Account of Putrid Measles,', instead of Putrid Scarlet Fever. The symptoms detailed coincide with those of the latter disease; and I have no doubt, considering the gradual change of medical nomenclature since 1769, that, if Sir W. W. had written eighteen years later, on the same subject, he would have prefixed a different title.

† Sir W. Watson's statement has led several persons to suspect, that, from the virulent symptoms of a disease always reputed inflammatory, there must be something amiss in the state of the air, the diet, or general management of the children at the Foundling Hospital. For this suspicion there is no ground. The regulations remain nearly the same as first framed by the governors, yet their active and intelligent physician, Dr. Stanger, informs me that the Measles, during the last twelve years, have never appeared in any other form than as described

of the Foundling children, particularly thofe placed at Wefterham Hofpital in Kent, are faid to have been affected with "Eruptive Fevers and Sore-throats," a title not afterwards employed. The Meafles appeared among the children of the Foundling Hofpital at the beginning of March 1770, and continued fome time. In May, the Scarlatina and Meafles feem to have occurred together, and to be diftinguifhed, according to Dr. Morton's nomenclature, as follows;—"Meafles," "Meafles and Sore-throat" or "Meafles and ulcerated Sore-throat," and Meafles with "Putrid Fever." The denomination "Scarlet Fever and Sore-throat," firft occurs in the weekly Report, 1ft Sept. 1787. About the fame time, in the prefcription book appropriated to the Meafles, a feparate entry is made of Scarlatina, this generic title being at length applied, when the difeafe, after a dreadful ravage during two fucceffive years, had fully

described by Sydenham, and though frequently occurring there, that they have not been fatal beyond the usual proportion. Thus, in the year 1798, 25 boys, and 44 girls, had the Measles: 6 of the latter died. In autumn 1800, 29 boys, 87 girls were affected, and 4 boys died of the disease, or it's consequences. In 1794, 28 had the Measles, and all recovered. In 1802, 1 died out of 8 children affected.—Particular cases may occur wherein symptoms of putrescence appear during the latter stages; (pag. 237). Of such cases I have only noticed five, in a practice of 24 years: many practitioners, who have been established 50 years, have not seen them in a greater proportion: I never yet conversed with any one who had noted putrid Measles occurring epidemically.

impreſſed the inhabitants of London with a knowledge of it's diſtinctive character, and peculiar virulence.

An author of great reſpectability, in the year 1751, has ranked the Scarlatina maligna as a malignant and putrid form of the Meaſles, which, " when it occurs epidemically, with a ſore throat, inflammation within the cheſt, ulceration of the glands, ſtrangulation, and ſphacelus of the fauces", he thinks the moſt fatal of European diſeaſes*. Another phyſician, cotemporary with Dr. Watſon, has written a paper very ſimilar to his, in the Acta nova Ac. nat: cur: (tom. VIII. p. 186.) on the malignant Meaſles, " Morbilli malignè graſſantes", at Eiſenach, between 1759 and 1763. He ſays, " Vix unquam ſine ſymptomatibus anginoſis primus morbus fuit": the other circumſtances narrated agree with thoſe of the Scarlatina anginoſa, or maligna; and the remedy principally recommended

* Philip. de Violante, De Morbillis, § xiv. and xv. His general statement, which is applicable to the Scarlatina only, he has exemplified by a particular account, § xvi. Hæc epidemia Viennæ Austriæ, anno 17[illegible]2 visa fuit. Primò, febre valde acutâ, et inflammante, ægrotantes adoriebantur, et in primâ febris periodo Morbillorum eruptio apparebat: maculæ verò in hac corporis parte rubræ, in illâ pallidæ conspiciebantur, cum faucium inflammatione. 2dâ vel 3tiâ febris die sphacelus in faucibus aderat; alvus laxa erat; maculæ evanescebant; postremò ægrotantes brevi temporis spatio moriebantur, 3tiâ scilicet, vel ad summum 4tâ ægrotationis die.

is Peruvian bark. This paper requires but little confideration, the author having fully expreffed his fentiments, that the Meafles and Scarlatina (Maafern and Röethe) do not in any refpect differ from each other*.

The year after Sir William Watfon's obfervations were publifhed, Dr. Grant defcribed the Scarlatina, which was ftill epidemic in London, under a new title, Angina eryfipelatofa, as if it had been an unufual difeafe. He wrote, about fix years afterwards, " An account of a Fever and Sore-throat, which began to appear in September 1776." This difeafe, he then obferves, had been, with propriety†, called Scarlatina anginofa, yet he neither adopts that title, nor retains the name before given by himfelf, preferring another, Angina

* The same opinion is held by Ludwig, Tentamen de Febrium nat: et cur. p. 185. and by many other German writers. Some, however, consider the Scarlatina Febris, or Scarlatina simplex, as a distinct, independent disease, but rank the anginose, and gangrenous forms of it under the genus Rubeola, or sometimes under different titles. Sauvages himself has quoted in his nosology, at the article Rubeola anginosa, an epidemic " Scarlet Fever and Sore-throat", so denominated Ed. Med. Ess. Vol. III. Pag. 26-7. Sennertus, and more than thirty other medical writers after him, have considered Scarlatina as a species of the Morbilli.

† Referring to Cullen's Nosology, published about that time.

 mucofa,

mucofa, as more applicable. In 1777-8, Dr. Levifon, Phyfician to the General Medical Afylum, Welbeck Street, publifhed a treatife on the fame complaint, by him denominated an "Epidemical Sore-throat." It was fometimes, he fays, without, fometimes with, a miliary, or fcarlet efflorefcence on the fkin: and he adds, that in feveral inftances "this difeafe was miftaken for the Meafles, not only becaufe the cough was an idiopathic fymptom of the fame, but becaufe the efflorefcence of the benign kind was very fimilar to that of the Meafles, which were alfo epidemical at the latter end of Auguft." Dr. Levifon confiders "the Sore-throat as the genuine and principal difeafe", to which, in Autumn, he thinks "two other epidemics, namely, either the Scarlet, or Miliary, Fever, and a purging, like the autumnal Dyfentery, were joined" incidentally, both of them being, in his opinion, unconnected with the primary epidemic Angina.—I have quoted thefe obfervations of a phyfician refiding in the city of London, and of another in Weftminfter, as a further proof of the unfettled ftate of opinions and nomenclature refpecting the Scarlatina, till after the year 1780.

The original writers on the Meafles, who were all of the Saracenic fchool, have created no little confufion by defcribing the Small-pox and Meafles as one and the fame difeafe—a difeafe admitting, in their judgment, of

fome

ſome variation in it's form, and with ſymptoms more or leſs urgent in different caſes. This error was tranſmitted by medical authors through eight or nine centuries. It is unneceſſary here to review the primary accounts of the Meaſles, given by the phyſicians of Egypt and Arabia, ſince their obſervations from the year 600 to the middle of the 9th century, appear together in a curious tract publiſhed by Rhazes ſoon after the latter period*. The following ſpecimen of their manner is taken from Judæus and George Bactiſhua: "Et ſigna Blactiarum (Morbillorum) ſunt, febris acuta, vehemens, anguſtia, et murmuratio, et labor aſſiduus, diſiccatio linguæ, ſputum groſſum, vox groſſa et rauca, tempora elevata, ponderoſitas capitis et pectoris, impedimentum anhelitûs, rubedo faciei, tuſſis, oculi rubicundi, lachrymæ, ſternutatio, et nauſea cum abominatione: et Blactiæ accidunt ſubitò, et Variolæ ſucceſſivè. Et Blactiæ, viridis, et violacei coloris, ſunt malæ, et propriè cum apparent et abſentantur ſubitò, quia ſyncopizabit patiens cum tremore cordis, et velociter moritur."

Rhazes himſelf, though he conſiders the Meaſles and Small-pox as the ſame diſeaſe generically, and requiring a ſimilar mode of treatment, has yet been more

* Rhaz. De Variolis et Morbillis, in Continent. Lib. XVIII. cap. 8. interprete Feragio Judæo, A. D. 1486.

anxious

anxious than any of his countrymen to point out their ſpecific differences. The Meaſles, he obſerves, appear later in the fever, ſometimes on the 9th day, or even after it, adding, " Cum vides in autumno dolorem lumborum cum febre, ſecurus ſis de Variolis, non tamen de Blactiis, quoniam cum Blactiis non eſt dolor lumborum..... Scias etiam quod Variolæ humidæ ſunt, et Blactiæ aridæ et ſiccæ.......Et aliquandò apparent Variolæ ſimiles Blactiis, et aliquis medicus dixit, quod Blactiæ vertuntur in Variolas. Et inveni quod differentia eſt inter has, quia Blactiæ ſunt rubeæ, et apparent in ſuperficie cutis ſicut Ignis Perſicus; (ſee Herpes, ORD. IV.) et non ſunt profundæ eminentiæ, nec eminentes: et Variolæ habent eminentiam, ac rotunditatem; et acuas tu benè intentionem tuam ſuper hoc; et cum hoc tibi non erit intelligibile, et ſenſui occultatum, non judices ſuprà ipſum quouſque tranſeat dies ſeptimus; et illæ quæ non ſunt eminentes, non debent Variolæ appellari*"

There is not any trace, in medical hiſtory, of the origin or primary cauſe of the Meaſles. Aaron, a phyſician of Alexandria, cotemporary with Mahomet, and the firſt mentioned writer on this ſubject, does not ſpeak

* Loc. cit. Compare Avicenna, Tom. II. page 74, and Haly Abb. Theorice, VIII. 14.

of

of the Small-pox and Meaſles as new, or unuſual diſeaſes. He conſiders them, eſpecially when having a livid appearance, as highly malignant, and in other reſpects ſimilar to the Anthraces, or Carbuncles of the groin, axillæ, &c. which were often epidemical in the climate where he reſided, and fatal within four or five days. Another antient author obſerves, (in libro de abbreviationibus) that "the Small-pox and Meaſles may be, at any time, excited by dead bodies putrefying and corrupting the air, but eſpecially during the ſummer ſeaſon, and in perſons who have long omitted blood-letting." On theſe points Rhazes ſays he could not collect any thing ſatisfactory from his immediate predeceſſors*. He takes it for granted that the Small-pox and Meaſles were known to Galen more than 600 years before his own time, being miſled by ſome incorrect tranſlation of Galen's works into the Arabian language. The paſſages which he quotes have certainly not the leaſt relation to the diſeaſes above mentioned†. Indeed no deſcription of them, nor the

* Nihilominus ex iis ne unus quidem est, qui memoravit causam ejus morbi efficientem, et quare eveniat ut illum vix effugiat vel unus mortalium.

† The mis-translated terms are, Phlegmonæ, Erysipelata, Herpetes, and Ionthi (pimples of the face), in Tr. I. de compos. med. sec. loc. De Prognos. a pulsib. Lib. II. and De usu partium Lib. IX.

ſlighteſt

ſlighteſt collateral hint, appears in the writings of the Greek phyſicians, which could lead us to ſuppoſe they had any knowledge on the ſubject. Some modern writers have held a contrary opinion, maintaining that Hippocrates and his ſucceſſors applied to the Meaſles and Small-pox the denominations of Exanthemata, Ecthymata, Ecphymata, Eczemata, Eryſipelata, Herpetes, Anthraces, &c. Now, ſome of theſe terms have been ſtrictly defined, and in a way which admits of no ſuch application; the reſt are left indefinite, and although intended to expreſs eruptive diſeaſes generally, they have not been appropriated to any ſpecific eruptions. A controverſy founded on materials ſo ſlight and unſatisfactory, was carried on with ardour during a part of the laſt century, but need not at this time be revived when it is nearly conſigned to oblivion.

ORDER

ORDER III.

II. SCARLATINA.

THE SCARLATINA* is characterized by a close efflorescence, of a scarlet colour, appearing on the surface of the body, or within the mouth and fauces, usually on the second day of a febrile disorder, and terminating in about five days, but without certainty of a crisis

* Nomina morbi varia, erronea sæpe, ineptaque, quibus eum medici quondam appellarunt, laudatis in scriptoribus invenire est, Scarlatinæ nomine, barbaro satis, a colore panni vulgò sic appellati, mutuato, civitatique, ut videtur, in arte donato. Est febris acuta, exanthematica, rubras, easdemque latas, maculas proferens, organa deglutitionis non rarò impetens, epidermidis in desquamationem abeuns, et infamis præcipuè periodo suâ alterâ, unius, alterius, tertiæ, et ultrà, septimanæ, quâ, tumore corporis vario, anxietate, debilitate, hominem non rarò in longè majus discrimen quam in periodo priore conjicit. De Haen. Rat. Med. Continuat. tom. I. c. 7.

The denomination Scarlatina was first applied to this disease by British writers: however offensive the term may be to a classical ear, it cannot well be displaced, having found admission into all the systems of Nosology. Another age will correct and refine the language now used on subjects untouched by the Fathers of Physic.

 to

to the fever. This diſeaſe ſpreads rapidly, by contagion, among children, in whom the eruption often appears five or ſix days after they have been infected*. The ſuſceptibility of infection is, however, very different in different perſons; it alſo differs in the ſame individuals at different times. I have ſeen, in numerous families, one child have the Scarlatina without communicating it to any of the reſt; yet, perhaps, in the ſucceeding autumn, ſeveral of them were infected by only paſſing near a patient recovering from the diſeaſe, or by touching thoſe who had a little time before viſited ſome perſon affected with it. Adults are not very ſuſceptible of the contagion: ſeveral phyſicians and apothecaries of London have never felt it's effects, notwithſtanding their attendance on many hundreds in the diſeaſe, often under the moſt unfavourable circumſtances.

The generic term SCARLATINA compriſes three varieties, which may be denominated Scarlatina ſimplex, Scarlatina anginoſa, and Scarlatina maligna.

1. Scarlatina simplex. This form of the diſeaſe conſiſts merely of the raſh, and a moderate degree of fever

* Dr. Withering says, "I have repeatedly had occasion to observe, that it is upon the third or fourth day after exposure to contagion, that the patients begin to complain." On the Scarlet Fever and Sore-throat, page 61. See Heberden, Comment. de Morb. Page 20.

fever for three or four days, not being, like the two other ſpecies, attended with any local ſwelling, inflammation, or ulcer. The firſt ſymptoms are, general debility, nauſea, and ſlight ſucceſſive ſhiverings, terminated at length by conſiderable heat and thirſt. On the ſecond day, numerous ſpecks, or minute patches, of a vivid red colour, appear about the face and neck: within 24 hours, a ſimilar effloreſcence is diffuſed over the ſurface of the body, likewiſe in the noſtrils, on the inſide of the lips, cheeks, and eye-lids, over the tongue, palate, and the whole fauces. Theſe internal parts being red, the effects of the diſeaſe upon them do not perhaps attract attention till the high ſcarlet fluſh be produced. A ſtudious obſerver can, therefore, beſt trace on the external ſurface the gradual progreſs of the raſh. It is at firſt compoſed of innumerable red points (PLATE XXIII. Fig. 2. A.) with interſtices of the uſual colour of the ſkin. Moſt of theſe interſtices are obliterated by a diffuſe redneſs on the third day, and the effloreſcence becomes almoſt continuous on the cheeks, and over the limbs, particularly round the fingers, aſſuming the full ſcarlet colour, which characterizes the diſorder. Several papulæ (DEF. V.) are ſcattered on the back of the hand, breaſt, arms, and lower extremities. All that extent of ſurface is indeed rough like cutis anſerina, but red and tenſe from the great quantity of blood diſtributed to the cutaneous

veſſels, to the miliary glands, to the bulbs of the ſmall hairs, and to the papillæ of the ſkin. See PLATE XXIII. Fig. 1. B.B.B.* and PLATE XXIV. Fig. 2. A.A. On the trunk of the body, the efflorefcence is ſeldom univerſal, but either forms many ſeparate patches, greatly diverſified as to their ſize and outline (XXIII. 2.) or extends in ramifications, appearing ſomewhat like a reticular diſtribution of ſmall veſſels injected with wax, in an anatomical preparation. PLATE XXIV. Fig. 2. B.B. On the loins, and nates, and within the flexures of the joints, the ſcarlet colour is moſt ſtrong, and general: in thoſe ſituations it alſo remains the longeſt time. The raſh is always leſs florid in the morning than at night, it's colour being higheſt on the third and fourth evening. On the fifth day, it begins to decline, the interſtices becoming larger, and the ſcarlet hue leſs vivid†: (See Fig. 2, PLATE XXIII.) On the ſixth day, it's appearance is very indiſtinct, and it is wholly gone before the end of the ſeventh.—Between the fourth

* In this Plate, Fig. 1, which was correctly drawn, represents the scarlet efflorescence not as an universal, uninterrupted flush over the whole surface of the body (una continuata rubedo, Dr. Morton, pag. 27), but under it's usual appearance on many parts, with intervals of skin-colour, C.C.C.C. having a very irregular form.

† At this time, and on the second day, when the efflorescence appears most in patches, the Scarlatina cannot be distinguished from the Measles without particular attention. See page 260.

and

and ſeventh day, there is often a ſcattered eruption of minute ſemi-globular veſicles (Def. X.) containing a thin pearl-coloured fluid. They riſe on the temples under the hair, alſo on the neck, breaſt, and ſhoulders, ſucceeding one another without any certain order*. On the fifth day, a ſlight ſcurſineſs ſometimes appears about the temples, neck, or breaſt, but a more general ſeparation of the cuticle† takes place on the eighth and ninth days. This proceſs, when the raſh has been very full, occaſions the ſpeckled appearance, repreſented (PLATE XXIII. Fig. 3. A.) Sometimes large pieces of the cuticle come off entire, more eſpecially from the hands, fingers, and feet, a new cuticle having been previouſly formed underneath. There is likewiſe, on the limbs, an appearance as of round, white veſicles, which, however, on being opened, are ſeldom

* See PLATE XXIII. Fig. 1. A.A.A. Miliary pustules occur in almost every form of rash (see page 219.) From their occasional appearance in the Scarlatina, Vogel and Burserius have thought proper to establish a variety of this disease, entitled by them Scarl. complicata, or pustularis, Inst. Med. tom. ii. § 62. For the Scarlatina variolosa of Sauvages (Nosol. Meth.) there is no better foundation.

† Maculis demum evanescentibus, decedenteque subjectâ cuticulâ, restant furfuraceæ quædam squamulæ, ad instar farinæ, corpori inspersæ, quæ ad secundam aut tertiam vicem se produnt, conduntque vicissim. Syd. Sect. 6. cap. ii.

found

found to contain any fluid. Theſe have been noticed by many authors*, and may, I think, be thus explained.—When the larger papulæ ſubſide by the great contraction of the cutaneous veſſels at the decline of the effloreſcence, the portions of cuticle ſuddenly raiſed up at their formation, and detached from the former points of adheſion, cannot contract along with them, but remain prominent for a ſhort time, and then fall off in ſcurf†.

The pulſe, during the eruptive ſtage of the Scarlatina ſimplex, is uſually very quick and feeble. The

* See Plenciz. Tract. de Scarlatinâ; Rosenstein, on the Diseases of Children, Chap. xvi. London Med. Journal, vol. X.

Vesiculæ ampliores, vacuæ tamen, bullas a combustione repræsentantes exsurgunt. S. P. de Meza, Compend. Med. Pract. pag. 59.

"In one man, when the scarlet of the skin was turning brown, several white blisters arose upon different parts of his hands and feet, which, when cut open, appeared quite dry; but in a boy who had similar blisters, some of which were cut in a few hours after their appearance, a thin, pellucid, watery fluid, was discharged." Withering, on the Scarlet Fever and Sore-throat, page 21.

"In several instances, an eruption of white blisters succeeded their recovery. This form of the disease has been called by Sauvages, Scarlatina variolosa." Prof. Rush of Philadelphia, Medical Inquiries and Observations, pag. 123.

† The bases of these supposed vesicles, as they appear after desquamation, are represented, PLATE XXIII. Fig. 3. B.

tongue

tongue exhibits, on it's upper ſurface, a whitiſh fur, through which the elongated papillæ extend their ſcarlet points; the ſides of the tongue are of a darker red colour. The urine is clear, and of a bright ſtraw colour. The face is conſiderably tumefied. In ſome caſes, the ſcarlet effloreſcence may be obſerved on the tunica albuginea, when the eyes appear red, bright, and humid, but without any material increaſe of the lachrymal ſecretion. There is uſually great reſtleſſneſs, with a ſenſe of itching or tingling in the ſkin, and often a ſlight delirium. Theſe ſymptoms continue with more or leſs violence from three to ſeven days. A few patients eſcape without fever, pain, or any particular uneaſineſs*.

Although the Meaſles and Scarlatina are now known to ariſe from different modes of contagion, yet ſo many authors have conſidered them as varieties of the ſame diſeaſe, that it may be allowable in this place to recapitulate their diagnoſtic characters.

* Alii postquam levissima hujus morbi signa per biduum experti sunt nullo negotio convaluerunt, Heberden, Comment. p. 23. Compare Sydenh. p. 6. 2. De Gorter Prax. Med. II. 196. Prosp: Martian: in Hipp: Epid. L. II. S. 3.

1ſt. The

1ſt. The efflorefcence in Scarlatina generally appears on the fecond day of fever; in the Meafles it is feldom vifible till the fourth.

2dly. It is much more full and fpreading in the former difeafe than in the latter, and confifts of innumerable points and fpecks under the cuticle, intermixed with minute papulæ, in fome cafes forming continuous irregular patches, in others coalefcing into an uniform flufh over a confiderable extent of furface. In the Meafles, the rafh is compofed of circular dots, partly diftinct, partly fet in fmall clufters or patches, and a little elevated, fo as to give the fenfation of roughnefs when a finger is paffed over them. Thefe patches are feldom confluent, but form a number of crefcents, or fegments of circles*, (fee PLATES XX. XXI.) with large intervening portions of cuticle, which retain their ufual appearance. The colour of the rafh is alfo different in the two difeafes, being a vivid red in the Scarlatina, like that of a boiled lobfter's fhell; but in the Meafles a dark red, with nearly the hue of a rafberry.

* In Scarlatina, when any part of the rash has a tendency to circular forms, the circles are usually completed. See PL. XXIII. Fig. 2. B.B.B. Sometimes the circumferences of these circles intersect each other variously. PL. XXIV. 2.

3dly. During

3dly. During their febrile ftage, the Meafles are diftinguifhed by an obftinate harfh cough, forcing up, in repeated paroxyfms, a tough, acrimonious phlegm,—by an inflammation of the eyes and eyelids, with great fenfibility to light,—by an increafed difcharge from the lachrymal gland, fneezing, &c. The Scarlatina is frequently attended with a cough, alfo with rednefs of the eyes from an extenfion of the rafh to the tunica albuginea, circumftances which render the diftinction between this complaint and Meafles particularly difficult, if other fymptoms be not clear and decifive. On minute obfervation, however, it will be generally. perhaps always, found, that the cough in Scarlatina is fhort and irritating, without expectoration; that the rednefs of the eye is not attended with intolerance of light; that the ciliary glands are not affected; and that, although the eyes appear fhining and watery, they never overflow.

4th. Moft writers on the fubject, in diftinguifhing Scarlatina from Meafles and other eruptive complaints, obferve that there is a peculiar fenfation of anxiety, depreffion, and faintnefs, in all cafes of it which are attended with fever.

5th. When the rafh appears on the third or fourth day, being fcattered, and of a dark fhade of colour,

as frequently happens in the two latter varieties of Scarlatina, the diſeaſe may be diſtinguiſhed from Meaſles by the appearances in the throat, by the rigidity of the muſcles of the neck, and other peculiar ſymptoms hereafter to be deſcribed.

2. Scarlatina anginosa. In this ſpecies of the diſeaſe, there is ſuperadded to the fever and efflo-reſcence, a conſiderable ſwelling of the tonſils, velum pendulum palati, and uvula, accompanied with a florid redneſs of their whole ſurface, often terminating in numerous ſlight ulcerations. The Scarlatina, principally under this form, was, in London, the leading epidemic of the year 1786. It occurred in 1785 ſporadically, as uſual, from about the middle of March to the end of November, and then ceaſed till the month of May enſuing. During that interval, there was a more general diffuſſion of the Meaſles than had been obſerved for many years before. They firſt appeared in the eaſtern confines of the city, and afterwards ſpread from thence rapidly through Weſtminſter, and all the adjacent villages. The Scarlatina ſimplex, and anginoſa, recommencing in May, followed nearly the ſame courſe as the Meaſles, and were not frequent in Weſtminſter till September: in the courſe of the next three months, the moſt unfavourable ſpecies of the diſeaſe was diffuſed over that quarter of the metropolis,

tropolis, and very often proved fatal. Cafes of Scarlatina, during the year 1786, exceeded in number the fum of all other febrile difeafes within the fame period. Since that time, the difeafe, occurring annually, has had a different extent, and fhewn different degrees of virulence, in different years, but without any material variation of its form.

The primary febrile fymptoms of the Scarlatina anginofa are the fame as thofe mentioned page 255, but more violent. The affection of the throat fometimes begins with the fever, at other times is not perceptible till the fcarlet efflorefcence has arrived at its height: moft frequently it is felt when the rafh appears, and increafes and declines with it. A fudden fenfation of ftiffnefs in the mufcles of the neck and lower jaw takes place at the beginning of the difeafe. On the fecond day of fever the throat is rough and ftraitened, the voice becomes hoarfe, and deglutition is performed with pain and difficulty. Thefe fymptoms are attended, on the fecond, third, and fourth day, with naufea, vomiting of bile, headach, delirium *, reftlef-

* "In Febre rubrâ, ægri vel ipso primo die delirant; atque interdum, licet omni alio periculi indicio vacent, tamen non cessant aliena loqui, singulis noctibus, ab initio morbi usque ad finem." Heberden, Comment. page 19.

"The tendency to delirium prevailed in proportion to the intensity of the redness in the eyes." Withering, pag. 16.

nefs, and great heat*, with a feeble fluttering pulfe, a quick refpiration†, and extreme languor or faintnefs. On examining the throat, there appears a confiderable enlargement of the tonfils, and a florid rednefs of their furface, which extends over the palate, it's velum pendulum, the uvula, and pofterior part of the fauces. The tongue also affumes a high red colour, and the papillæ over it's whole furface are greatly elongated. The reprefentation (PLATE XXIV. Fig. 1.) will afford a clearer idea of it's appearance than can be given by verbal defcription. In fome cafes, no further change is obfervable in the fauces, neither do the appearances above mentioned continue beyond the 5th or 6th day. No deep or confiderable ulcer forms in the tonfils‡. Slight fuperficial

* The heat of the skin is such as to raise the thermometer to 112°. The patient's breath seems also to be felt hotter by the attendants, in this disease, than in any other fever.

† "The breathing was short, and often interrupted by a kind of imperfect sigh." Withering, pag. 15.

‡ Dr. Withering says, "I never saw any real ulcerations in these parts, but sometimes collections of thick mucus, particularly on the back of the œsophagus, greatly resembling the specks or sloughs in the putrid Sore-throat; but these are easily washed away by any common gargle." He allows, however, that "during the autumnal season, some patients threw out several white or ash-coloured sloughs, though no such sloughs were visible

cial ulcerations are very frequent, and more eſpecially at the latter end of the year. They occur at an early period of the diſeaſe, as on the 2d or 3d day: when they are later, an opportunity is afforded of marking their progress more diſtinctly. The formation of them is preceded by a very quick and unequal pulſe, with lowneſs, and great inquietude. Small white patches are then viſible over the velum pendulum palati, and the tonſils; at the ſame time, the red colour in thoſe parts becomes darker in ſome places than in others, ſo that the whole ſurface has a peculiar ſpeckled appearance. Soon afterwards, fiſſures, or excoriations, take place at the centers of the white patches, which are almoſt immediately covered with whitiſh ſloughs. When theſe are numerous, the fauces are conſtantly clogged with a large quantity of tough, viſcid phlegm: hence the difficulty of ſwallowing is increaſed; and much pain is felt from preſſure externally applied. The ſloughs are, in ſome caſes, removed about the 5th or 6th day, at the decline of the efflorescence; in other inſtances, they continue to the 8th day, or even later, and when they ſeparate, partial excoriations remain, which may, however, be readily healed.

visible on inspecting the throat; and that "in most, the fauces, particularly the tonsils, were covered with them, and upon their separation, looked raw, as if divested of their outer membrane." Page 24.

The efflorefcence differs in a few particulars from that defcribed under the article Scarlatina fimplex.

1ft. It does not appear fo early in the difeafe, but is often delayed to the 3d day *.

2d. It does not fo conftantly extend over the furface of the body, but comes out in fcattered patches on the back, fides, neck and breaft, or about the joints†. Fig. 2. PL. XXIV. reprefents it's diftribution on the arm.

3dly. It fometimes wholly vanifhes the day after its appearance, and re-appears, partially, at uncertain times.

Hence 4thly. The whole duration of it is longer than in the Scarlatina fimplex; and the mode of defquamation is lefs regular‡.

Thefe

* In aliis hic color non nisi quarto morbi die in conspectum venit. Heberden, pag. 22. Withering, pag. 16, 18.

† Interdum pectus, et brachia solummodò rubent; et non raro vidi exteriorem carpi partem levi rubore suffusam, cujus nusquam alibi reperiri vestigium potuit. Heberden, Comment. page 17 and 22. Withering, pag. 20.

‡ See Dr. Rush, pag. 120. According to De Haen, cuticular exfoliations take place successively, often in large pieces, from the 16th to the 40th

Theſe variations are moſt frequent during the autumnal and winter months, when the diſeaſe is in general moſt ſevere. Other ſymptoms occur, at the ſame period of the year, in addition to the uſual ſeries. Dr. Sims* obſerves that, in the autumn of 1786, " A frequent, ſhort, hicking, cough took place in ſeveral patients: they did not bring up any matter with it, nor did each fit laſt beyond one or two ſhort expectorations, but theſe were repeated ſeveral times in a minute: many who had no appearance of pituita, and but the ſlighteſt poſſible appearance of angina, had this cough more troubleſome than thoſe who had much of either. Another circumſtance, in the months of November and December, was, that a few days after the apparent change of the diſorder, a ſwelling attacked the face, but more frequently the extremities, attended with moſt excruciating pain. This ſwelling was neither red, puffy,

40th day. He also mentions the cracking and separation of the nails. Rat. Med. Contin. I. 71.

Whenever the rash is slight, or when it suddenly disappears, there is seldom any desquamation, and in this case, the disease either terminates fatally at an early period, or has a very troublesome sequel. The same observation was formerly made respecting the Measles. See pag. 240.

* Memoirs of the Medical Society of London, Pag. 405. See Dr. Heberden, Comment. p. 20.

nor

nor œdematous, and did not depend on the previous mode of treatment, as it occurred in thoſe who had been treated in the moſt different manners. Some firſt complained of a violent toothach: after two or three days they complained of an equally violent pain in the back, the firſt one gradually ſubſiding. In a day or two more, or even ſooner, the pain attacked their elbows, wriſts, and hands, which were uſually the parts laſt attacked *. Theſe pains, in ſome patients, were only in the hands and arms. In one child, the Scarlet-fever appeared without any angina, and having finiſhed it's courſe, left the patient ſeemingly in perfect health: but in a few days the fever returned without any eruption, but with a very conſiderable degree of ſore throat, and much pain and ſwelling of the tonſils and parotids, which likewiſe ran it's courſe as if the former ſymptoms had never appeared."

Although no uneaſineſs is, in general, felt in the throat, previouſly to the febrile ſymptoms or efflore ſcence, it would yet appear, on inſpecting the fauces of

* According to Dr. Withering (pag. 23) "These swellings had sometimes a reddish shining appearance like the gout." He adds, "The eyes did not, in autumn, bear the light, though they had less of that redness described before (see above page 259), but still a slight tinge of it was visible, together with something of the shining watery appearance, which is so remarkable in the Measles"

perſons

perſons expoſed, that the contagion had been acting on them many days before the commencement of fever. It's action is denoted by a dark red line, extending along the velum pendulum palati, and lower part of the uvula. Dr. Sims* ſays, " In many families, where ſome have been confined with the diſeaſe, I have had an opportunity of obſerving the firſt, and moſt minute, approach of it in others, and there always found that the firſt marks of its approach were a paleneſs and dejection of countenance; and if the fauces were inſpected, the under edge of the velum pendulum palati was conſiderably redder than natural. The pulſe, at this time, was rather diſturbed and flurried than feveriſh: in ſome the uvula was more inflamed, and the tonſils a little ſwelled, ſo as to give a ſlight degree of pain in ſwallowing: this pain and inflammation, however, varied on different days, ſo as to give frequently hopes of the diſorder going off entirely; and I have reaſon to think that it often did go off, under a treatment hereafter mentioned, without ever gaining greater ground. In very many, however, after remaining in this uncertain variable ſtate for ſeveral days, ſickneſs and vomiting came on ſuddenly, and the diſeaſe was completely formed."

* On the Scarlatina anginosa of 1786, "Memoirs of the Medical Society," Vol. I. Pag. 394.

Nearly the ſame obſervations were made by my friend Dr. Binns, while ſuperintendent of Ackworth ſchool, Yorkſhire, where the Scarlatina, in 1803, affected the greater part of the children. "There are many incipient caſes of the diſeaſe, in which the throat is moderately affected with ſwelling of the tonſils and erythema of the neighbouring parts,—the papillæ of the tongue, more eſpecially at and near its tip, are enlarged, prominent, and of an intenſe redneſs, and the pulſe is from 96 to 108. Several of theſe caſes have remained, with very little variation, for two or three weeks, ſome for a month. In ſome again, the appearances have wholly gone off* in ten days or a fortnight, while, in others, the fever has at that time increaſed, the ſcarlet eruption has become very general, and the diſeaſe arrived at its criſis in about ten days more."

Thoſe who have formerly had the diſeaſe, and alſo thoſe who are juſt recovering from it, if expoſed to the contagion, are very liable to be affected in the manner above deſcribed, but with no other ſymptom of fever than a quick pulſe. They are, however, pale and languid, and have often an appearance of red

* Those persons on whom the effects of contagion thus cease, or have been removed by early applications, are not less liable to take the disease in its fullest form, when again exposed to its influence. See above page 254, 269, and Dr. Blackburne, On Scarlet Fever, page 25.

ſpecks,

ſpecks or patches, like flea-bites, on the breaſt and abdomen, and ſometimes a purple eruption of greater extent. Dr. Binns obſerves, "Notwithſtanding that this is uſually a ſecondary appearance, at the diſtance of two, three, four, or even five weeks after recovering from the firſt attack, yet ſome are affected in this way at firſt: I remember a boy, who died, came to me in conſequence of ſuch an eruption, not making any complaint otherwiſe; but, on inſpecting the fauces, I found further ſymptoms of the diſeaſe. He died on the tenth day from his application."

During the ſtate of extreme debility which uſually ſucceeds the Scarlatina anginoſa, ſome patients are affected with anaſarcous ſwellings of the face and hands, but more eſpecially of the lower extremities *. The ſwelling becomes conſpicuous about the eighth or tenth day from the diſappearance of the raſh, and continues for two or three weeks. In caſes exhibiting a very full and vivid efflореſcence, the anaſarca takes place more frequently, and to a greater degree. When the throat is much ulcerated and the raſh not extenſive, and when no deſquamation ſucceeds (page 267), anaſarcous ſwellings rarely occur. I do not remember to have obſerved any conſiderable effuſion of water into the

* Dr. Sims says, "I saw but four cases of Anasarca succeed the disorder; and these were all in poor persons, and unattended with danger."

the cavity of the abdomen, thorax, or pericardium, nor into the ventricles of the brain*, an effect which many practitioners, and medical writers have noticed. However, two of my patients, who had been in a very weak state before the fever, died hectical, with anasarcous swellings of the limbs. These were the only fatal cases I ever saw of Scarlatina anginosa retaining the form above stated.

An enlargement of the parotid glands happens frequently in adults, and continues a long time without suppurating. Children, at every period of the disease, are liable to tumors both of the parotid and submaxillary glands, sometimes ending in tedious and painful abscesses †. With these they have, during the

* The occasional termination of this disease in a sudden phrenzy, I have remarked in another work. (On Diseases in London, pag. 47.)

† "The swelling of the parotid glands was sometimes apparent in the beginning of the complaint, at other times it came on about the fifth day with great pain, protracting the disease: and in many it came after the efflorescence had entirely disappeared, bringing it, in some degree, and all the feverish symptoms back with it. Though this swelling was attended with great pain, I did not see one case of its suppurating. I should mention here, that both in the cases attended with the pains already mentioned, and those with the parotids, the pulse was more violent and inflammatory than in any other cases." Dr. Sims, p. 407.

After

the latter ſtage of the complaint, ulcerations at the corner of the mouth, ſtrumous ophthàlmia, ſwelling of the upper lip, and purulent diſcharges from the ears, ſometimes accompanied with deafneſs: They are alſo ſubject to puſtules or ſmall ulcerations of the tongue, which prove troubleſome for ſome days, but without any ſerious conſequences *. In one inſtance, the diſeaſe terminated by a ſwelling of the teſticle †.

During every epidemic Scarlatina, many caſes occur in which the efflorescence is confined to the throat

"After the fever ceased, it was not uncommon to have abscesses form on one or both sides of the neck, under the ears; but the matter easily discharged itself through the ruptured teguments, and they healed in a few days without much trouble. Withering, 18. and pag. 24.

* "No symptom was more troublesome to some individuals, than ex-ulcerations at the side and down towards the root of the tongue, which were so painful as to deprive them of the power to take solid food, even several days after the inclination for it had returned." Dr. Withering, on the Scarlet-fever and Sore-throat, pag. 24. He adds, "I have been told of several cases that were followed by a succession of boils upon different parts of the body."

† Dr. Heberden has observed, Neque vero testiculi semper fuerunt liberi a tumoribus.

and

and mouth, there being no appearance of a rafh on the fkin *. The febrile fymptoms, vomiting, and delirium, continue violent for feveral days. A crimfon colour of the throat is perceptible often before the fever commences. In the courfe of it, numerous fmall fpecks of ulceration are formed on the tonfils, &c. and become in many places confluent, when the increafed fecretion of phlegm, the tumour, pain, and difficulty of fwallowing occafion great diftrefs. This complaint feems peculiar to adults, and is evidently a fpecies of Scarlatina, becaufe it affects fome individuals of large families, while the reft are labouring under other forms of the Scarlatina, and becaufe it is capable of communicating, by infection, all the varieties of that difeafe. It is fometimes fucceeded by an enlargement of the parotid glands, but not, according to my own obfervation, by dropfical fwellings. Perfons who have previoufly gone through the Scarlatina anginofa, experience, while converfant with the fick, very uneafy fenfations in the throat: in some there is a fwelling, and inflammation, or ulceration, of the tonfils, producing confiderable pain and irritation, but without the fpecific fever and efflorefcence.

* Quidam, sine cutis efflorescentiâ, aut ejusdem desquamatione, satis severâ afficiuntur anginâ: attamen hi mitiùs quàm qui simul Scarlatinâ correpti ægrotabant apud nos. (Havniæ 1777-8.) De Meza, Compend. Med. Pract. t. I. pag. 58. Compare Dr. Sims, pag. 413. Dr. Withering, pag. 22. Memoirs of the Med. Society, London, vol. III. pag. 358.

3. SCARLATINA

3. Scarlatina maligna. It's ſymptoms, on the firſt day, are nearly the ſame as in the Scarlatina anginoſa, but ſome of the following peculiarities are afterwards obſervable:

1. A ſmall, indiſtinct, and irregular pulſe; a brown or black incruſtation of the tongue, teeth, and lips*:

2. A dull redneſs of the eyes†, a dark-red fluſhing of the cheeks, deafneſs, delirium, or coma alternating with fretfulneſs and violence:

3. Breath extremely fetid; a rattling and laborious reſpiration, partly occaſioned by a thick tough phlegm clogging the fauces; a conſtriction of the jaws, and painful deglutition; a fulneſs and livid colour of the neck, with retraction of the head:

4. Ulcerations on the tonſils, and adjoining parts, covered with dark ſloughs, and ſurrounded by a livid baſe‡: the tongue is often ſo tender that a ſlight touch produces excoriation:

5. An

* Huxham, On Fevers and Sore-throat, pag. 110 and 112. Withering, p. 18.

† "The eyes were heavy, reddish, and as it were weeping." Huxham, pag. 110. "Eyes inflamed and watery, or sunk and dead." Withering, pag. 56.

‡ The aversion to swallowing is occasioned by the soreness of these ulcers, not by any tumor, or obstruction in the passage. "Cibi et medicamenta

5. An acrid diſcharge from the noſtriſs, cauſing ſoreneſs, or chops, and even bliſters, about the noſe and lips, the fluid diſcharged being at firſt thin, but afterwards thick and yellowiſh :

6. The raſh is uſually faint, excepting in a few irregular patches ; and all of it preſently changes to a dark or livid red colour*. It appears late, is very uncertain in its duration, and often intermixed with petechiæ, (ſee PL. XXIV. Fig. 3). In ſome inſtances, the raſh ſuddenly diſappears a few hours after it is formed, and comes out again at the expiration of a week, continuing two or three days : in one caſe numerous patches of it appeared a third time, on the ſeventh day from the ſecond eruption ; theſe remained for two days.

medicamenta respuuntur, neque tamen ideò quia devoratio molesta est, quæ sæpe ad mortem usque, quod miratus sum, satis facilis manet, quamvis fauces sordidissimis ulceribus fuerint undique circumtectæ, et spiritus penè interclusus." Heberden, Comment. p. 23. He thinks the ulcerations may, in these cases, extend along the trachea rather than down the œsophagus.

* "Their whole skin, instead of the scarlet, assumed a very remarkable appearance, which resembled nothing so much as that of a dead body which has been kept several days, or as if a mixture of blood and water were universally diffused under it, and could be seen through it." Dr. Sims, p. 410.

When

When the Scarlatina ſpreads widely, it exhibits, in the different perſons affected, every gradation of appearances, from the ſlighteſt to the moſt malignant form of diſeaſe,—yet during its diffuſion through ſome large families and ſchools, I have ſeen it uniformly retain the ſeries of ſymptoms which occurred in the firſt patient, with nearly the ſame degree of fever.—In the autumn of 1786, and occaſionally ſince that period, the Scarlatina maligna, as above deſcribed (p. 275), affected the inhabitants of ſeveral diſtricts, in London, comprizing narrow courts, alleys, and cloſe crowded ſtreets; and afterwards extended to ſome adjoining villages, in low, damp, or cold ſituations. It is, however, more frequently intermixed with the other varieties of Scarlatina, and it ſometimes unexpectedly ſuperſedes the milder forms of the diſeaſe, on the fourth, fifth, ſixth, or ſeventh day of their courſe*. Patients who withſtand the violence of it's firſt attack, have neverthelefs to ſtruggle through a ſeries of moſt untoward circumſtances†, continued far beyond the uſual febrile period. The ulcerations

* See Dr. Grant on Angina maligna, II. 125, and Dr. Sims, page 410.

† In Scarlatinâ malignâ quid putridi latet, unde pulsus parvus, celer, urina pallida, ulcera apthosa, nec non parotides, quamvis suppurantes, lethales, observantur. Sic in Epidemiâ Havniensi, per quatuor hebdomadas, si non primis morbi diebus suffocati, languentes tandem peribant. De Meza, tom. I. page 59.

gradually ſpread from the fauces to the œſophagus, larynx, and trachea. Violent pains of the bowels, and excoriations about the nates, ſucceed; alſo hectical paroxyſms, with ſuppuration of the glands, a teizing cough, great difficulty of breathing, pains in the ſide, and a remarkable alteration in the ſound of the voice*. A few recover after having been thus haraſſed, almoſt inceſſantly, for ſix or eight weeks. In 1786-7, more than two-thirds of thoſe who were affected with the Scarlatina maligna, died between the ſeventh and nineteenth day of the fever. The ſymptoms portending danger were, continued coma, dulneſs of the eyes, laborious breathing, diarrhœa, petechiæ, vibices, and hæmorrhagy. A caſe terminated fatally on the ſixth day, in which there were veſications on the hands, legs, inſteps, and toes, as if boiling water had been poured on thoſe parts, or large bliſters had been applied to them. The patient was an adult female, who had a very full efflorefcence. It may be obſerved, that the degree of danger in the complaint does not depend on the greater or leſs extent of the raſh on the ſkin: the fulleſt redneſs affords no decided ſecurity, nor is the total abſence of it incompatible with a mild diſeaſe (ſee page 274). In one infant, about the eleventh day, a conſiderable eryſipelatous ſwelling affected the left cheek, and within three days produced

* Dr. Withering, page 22-3.

a deep

a deep gangrenous eſchar. The wriſts at the ſame time became rigid and contracted, and the patient died on the ſixteenth day of the diſeaſe. Another child, eight years old, was affected, on the ſeventeenth day, with an eryſipelatous ſwelling * under the left eye, and died on the following day. It will appear from authors hereafter quoted, that there has often occurred ſuperficial gangrene in other parts of the body, as about the nates and genitals, likewiſe on the tongue, gums, and inſides of the cheeks, ſometimes attended with caries of the jaw-bones.

Many patients ſink under this diſeaſe, unexpectedly, at a very early period, as on the ſecond, third, or fourth day, no ſymptoms having preceded which could excite an apprehenſion of immediate danger. It has been thought that ſo ſudden a mortality is owing to a gangrenous ſtate of the fauces, œſophagus, ſtomach, inteſtines, or lungs†; this opinion

* See a case of this kind which terminated favourably. Rep. on Diseases in London, pag. 78, 83.

† Nisi ægro statim in primo morbi impetu succurratur, escharæ gangrænosæ in fundo faucium, versus arcus, et velum palati, superveniunt, et hisce ortis pauci emergunt. Hæc gangræna œsophagum, asperamque arteriam sæpe ante occupat, quam illam percipere, illique mederi queamus. Navier: See Comment. de reb. P. 1. vol. IV. 338.

Dr. Heberden observes, " Inspectis faucium crustis, conjectura quædam fieri

nion ſeems to be confirmed by diſſections*. Sometimes, at a much later period of the diſeaſe, when the fever has been ſlight, and no alarm excited, the ſymptoms mentioned page 275, commence almoſt inſtantaneouſly, and terminate the patient's life in a few hours. Such a termination took place within four hours, in a girl ſix years old, on the 14th day of the Scarlatina. She had ſpecks in the throat, with ſwellings of the ſubmaxillary glands, and a degree of fever ſo moderate that ſhe had not been confined to bed, nor even to the houſe, till the time mentioned. In the caſes which terminate fatally within forty-eight hours after the acceſſion of fever, it muſt be concluded that the throat had been long affected in the manner ſtated page 269, and that the poiſon had gradually pervaded the whole conſtitution: hence the ſickneſs, ſhiverings, languor, and inſenſibility, do not, in ſuch inſtances, denote the commencement of fever, but are the final ſymptoms of an inſidious and moſt virulent diſtemper†.

It

fieri potest de periculo ægri, quod eo majus erit quo latiùs illæ manent, quo altiùs carnibus insideant, quo hæreant pertinaciùs, quo sæpiùs renascantur, et magis in gangrænam spectent. Conditio tamen harum crustarum index est, non autem causa, periculi. Comment. pag. 22.

* Sennert. Pract. Med. L. IV. cap. 12. Heberden, Comment. pag. 24.

† So Dr. Binns: "This insidious disease is often acting on the constitution, particularly on the throat, while the persons affected are wholly

unapprized

It is truly ſingular, that the ſlighteſt of all eruptive fevers, and the moſt violent, the moſt fatal diſeaſe known in this country, ſhould rank together, and ſpring from the ſame origin. Experience, however, decides that the ſimple Scarlet Fever, the Scarlatina anginoſa, the Scarlatina (or angina) maligna, and the ſcarlet ulcerating Sore-throat without the efflorescence on the skin, are merely varieties of one diſeaſe*. That all of them proceed from the ſame ſource of contagion, is evident; becauſe, under the ſame roof, in large families, ſome individuals have the diſeaſe in one form, ſome in another, about the ſame period†.

unapprized of it; for dreadful languor, sickness, and vomiting, have in several cases occurred a few hours after the patient began to complain". Compare Med. Obs. VI. p. 116, & Dr. Blackburne on Scarlet-Fever, p. 42.

* "The affection of the throat has occurred with us in every possible state; mere erythema, sometimes with a swelling of the tonsils; aphthous specks; deeper ulcerations, with white sloughs; ash-coloured sloughs, which I consider as gangrenous; also darker coloured sloughs with extreme fœtor. The rash has also varied considerably, being sometimes an almost universal entire redness, sometimes appearing only on the neck or breast, and not so generally diffused, but with interstices, so that it was rather difficult to ascertain where the colour terminated. Petechiæ have very seldom been observed; and the rash has not appeared of a livid hue in more than two or three cases, except just before death." Dr. Binns.

† See Rosenstein, On the Diseases of Children, chap. 16. Memoirs of the Medical Society, vol. III. p. 358. Compare Withering, pag. 5, and Dr. Heberden, Comment. pag. 25.

According

According to the ſtate of the air, the ſoil, climate, or ſeaſon of the year, one form predominates over all the reſt, and gives the general character to every epidemic Scarlatina. Hence ariſe the various accounts and opinions reſpecting it, which are to be found in medical writers*. The malignant ſpecies of the diſeaſe is moſt rare, and uſually limited to the winter months. It exhibits ſome peculiar appearances, and is often attended with only a partial or obſcure eruption. On theſe accounts, perhaps, it has been ſeparated from the reſt, and been improperly conſidered as a diſtinct genus of diſeaſe. Several practitioners, with whom I have converſed, would yet retain the diſtinction, ſtating that they had obſerved this ſpecies of Sore-throat, with a vivid eruption, occur in perſons who had previouſly undergone the ſimple Scarlet Fever,—and thence concluding that the two diſeaſes were generically different, or that Scarlatina may be had twice under the ſame circumſtances as the Meaſles: ſee page 235. Not having ever ſeen ſuch a repetition among two thouſand patients whom I have viſited in it, I cannot at preſent confirm the above opinion, and ſhould be very unwilling to add to the numerous miſtakes already made reſpecting the diſeaſe. On this ſubject Dr. Binns ſays, "I have not, during the prevalence of Scarlatina this year, ſeen

* See De Haen, Nat. Med. Contin. tom. I. p. 138.

the

the Fever and Scarlet eruption occur twice in the ſame patient, nor have I ſeen the raſh appear at one time, then after an interval, the Sore-throat; but we were informed by ſome eminent practitioners, that ſeveral children, affected here in 1803, had gone through the diſeaſe before; and I recollect, during my practice at Liverpool, inſtances of the Scarlet Fever and ulcerated throat occurring, together, twice in the ſame perſon, and in one patient thrice, at diſtant periods, but I cannot ſpeak with any certainty of the intervals, nor have notes to which I can refer for the particulars of each caſe."

Dr. Withering, at the time of publiſhing the firſt edition of his pamphlet, believed that the Scarlatina anginoſa, and the ulcerated Sore-throat ("Angina gangrænoſa of Fothergill and Huxham") might attack the ſame individual at different periods. In the ſecond edition (page 4) he acknowledges this opinion to be erroneous, and adds, "Further obſervation, aided by the concurrent teſtimony of many of my colleagues in this place engaged in extenſive practice, confirm me in the opinion that the infection of the Scarlatina anginoſa, like that of the Meaſles and Small-pox, can only be taken once: that it is not generated under any known circumſtances like the poiſon of the Typhus or Low Fever, but that it is from time to time propagated by contagion like the other Eruptive Fevers,

juſt

juſt now mentioned." Page 3 and 6. He repeats the ſame obſervation, page 53, "I never yet have ſeen an inſtance of the ſame perſon having the Scarlet Fever twice, and I believe it to be as great an improbability as a repetition of the Small-pox*."

At what time, or in what place, the Scarlatina firſt appeared, is very uncertain. It was probably introduced into this country from the ports of the Levant, or Mediterranean. It's origin might be referred particularly to Egypt, if the "Peſtilential ulcers of the tonſils" deſcribed by ancient authors, and the Scarlatina maligna could be proved to be the ſame diſeaſe. That they do not materially differ from each other, many practitioners have been convinced by an attentive conſideration of the following paſſages in Aretæus and Aëtius: "The Peſtilential ulcers of the throat are broad, hollow, ſmooth, and covered by a white, or livid, or black ſlough (επιπαγω). Theſe ulcers have the name of Aphthæ; but if the ſlough be deep, the affection is properly called Eſchara. All around the Eſchara there is an intenſe redneſs, and inflammation, and throbbing, as in a carbuncle; alſo ſmall papulæ (διεξανθηματα), which ariſe at a diſtance from each other,

* Thus Roſenſtein, "I have never heard of its ſeizing any one more than once." Ch. XVI.

but

but which, gradually increaſing in number, become confluent, and produce a broad ulcer. Then if the diſeaſe proceed towards the mouth, it reaches the uvula, which it deſtroys, and is ſpread over the tongue, the gums, and fræna of the lips; the teeth are looſened and blackened, and the neck is externally ſwelled and inflamed: thus, in a few days, the patients ſink under the inflammation, fever, offenſive ſmell, and averſion to food: but if it proceed into the cheſt, through the trachea, it occaſions immediate ſuffocation.——Boys and girls, under the age of puberty, are moſt ſubject to this complaint. It is chiefly produced in Egypt, and may be referred to the great dryneſs of the air of that country, the variety and acrid nature of the food uſed by it's inhabitants, the fermented liquors, and thick water of the Nile, which they are accuſtomed to drink. Syria, more eſpecially Cœlo Syria, likewiſe produces theſe ulcerations, whence they are called Syrian as well as Egyptian ulcers.—The mode of death is moſt miſerable. The pain is acute and hot, as in a carbuncle; the breath offenſive, having a ſtrong, putrid ſmell; and the tainted air is drawn back into the cheſt by the patients' laborious reſpiration. Loſing their power over the ſphincters*, they cannot bear their own

* Ασεξοι: Petit and others read ασηξοι (fastidiosi, nauseabundi), which does not suit the context. A better reading would be αξηξοι:—when the discharge from secretory organs ceased, or became very scanty, the complaint

own ſtench. Their countenances are pale or livid; they have violent paroxyſms of fever, with thirſt as if burnt, and yet decline drinking on account of the pain it occaſions; for they are greatly diſtreſſed whether the liquor force a paſſage by compreſſing the tonſils, or run up into the noſtrils. They are reſtleſs, and uneaſy in every poſition. Their inſpiration is deep, from a deſire of being cooled by the cold air, but the expiration is reſtrained, becauſe the burning ulcers are ſtill more inflamed by the heat of the breath. Hoarſeneſs, and loſs of voice ſucceed, and the ſymptoms becoming more violent, the patient ſuddenly falls dead to the earth."—Aretæus De Morb. Acute. I. 7.

Aëtius obſerves, that "Sloughy and peſtilential ulcers of the fauces begin for the moſt part without any preceding defluxion, but that they are ſometimes conſequent on an aggravated ſtate of the uſual inflammation of the tonſils"; that "they take place moſtly in children, and in virgins at the age of puberty, but now and then affect adults, eſpecially thoſe of a bad habit of body, in the peſtilential conſtitutions of the ſpring

plaint was termed νοσος ξηρος: for a list of these diseases see Galen De Ptisanâ. Patients labouring under the opposite state,—of increased and vitiated secretions, might in the quaint language adopted by Aretæus be called αξηροι. The accepted reading ατυροι, in whatever sense it be taken, is too figurative for historial detail.

seaſon";

ſeaſon"; that, "in children, aphthæ generally precede the formation of the ſloughs"; that, "ſome of theſe are white like ſpots (σπιλοι), others aſh-coloured, or reſembling the eſchars made by a cautery"; that "they are very ſoon followed by a dryneſs in the patient's throat" (περι την καλαποσιν); and that "he is ſeized with a ſudden ſuffocation (αθροος πνιγμος), more eſpecially when there is an erythema under the chin"; or, "the ſame acrimony turning inwards"*, that a "noma and putrefaction ſucceeds in the parts affected"; that "the attending fever is vehement"; and that "the principal danger occurs in the firſt ſeven days"; but that he knew "a young girl who died of the diſeaſe, or it's conſequences, even after the fortieth day†."

Some

* Παραδρομουσης, should perhaps be the technical term παλινδρομουσης. See Fœs. Œcon. Hippoc. and Gorræi Defin. Med.

† Pag. 162. Ed. Aldi.—With the two preceding accounts may be compared Tournefort's description of this disease, as observed, fifty years ago, in the same climate (Voyage du Levant, Tom. I.) "Il regnoit dans l'isle de Milo une maladie tres fâcheuse, et qui est assez commune en Levant, ou elle emporte les enfans en deux fois 24 heures. C'est un charbon dans le fond de la gorge, accompagnè d'une cruelle fièvre: Cette maldie, que l'on peut nommer la peste des enfans, est epidémique, quoique elle èpargne les grandes personnes.——Le cas est pressant——et la precaution la plus necessaire pour arrêter les progrès d'un si grand mal est de faire vomir les enfans dès le moment qui'ils se plaignent du mal de gorge, ou

 que

Some authors* ſuppoſe the Al-hemeka, mentioned by Avicenna, to have been the Scarlatina ſimplex; but no certain concluſion can be drawn from his brief account, which is contained in the following words: "The Hemeka is ſomething between the Small-pox and the Meaſles; and it is leſs dangerous than either†." It ſeems, however, moſt likely the Arabians would rank the Scarlet Fever with theſe diſeaſes; and I think no one will deny that the deſcription of the raſh given by Haly Abbas might apply to the Scarlatina as well as to the Meaſles‡. In treating of the Small-pox, he ſays, "Et in rubore ſpecies eſt aliqua, quæ vocatur Rubeola, quæ ex ſanguine ſit calido, et ſubtili, non multum malo. Et hæc ſpecies, cum ad ſtatum pervenerit, ſimilis ſit milii granis, aut paulò major, et ejus color rubeus; nec aperiuntur puſtulæ, neque fluunt. Communia ſigna

que l'on apperçoit que leur tête commence à s'appesantir. Il faut réitérer ce remède suivant le besoin, afin de vuider une espèce d'eau forte qui se décharge sur la gorge."

* See Ingrassias De tum. præt. nat. lib. I. cap. 1.

† Lib. IV. Fen. 2. Tr. 4. 6. "The word Hemka signifies Beet, the colour of which does not ill apply to the colour of the Scarlatina: but the cursory mention of the disease, so entitled by Avicenna, is not sufficient to determine it's character." Dr. Robt. Jackson.

‡ Theorice, lib. VIII. cap. 14. Compare Constantin. African. Loci Med. lib. VIII. who has nearly copied the words of Haly.

sunt

ſunt febris, faciei tumor, temporum et auricularum prurigo, in naſo inflammatio, rubor in facie et in membris affectis, capitis gravitas, et in gurgulione aſperitas." Rhazes and others obſerve, that Meaſles of a highly red colour are more dangerous than thoſe which are moderately red*.

Ingraſſia is the firſt author of modern times, who has deſcribed the Scarlatina. His account of it extends no farther than to the firſt ſpecies. The diſeaſe was known to the Neapolitans before the year 1500 by the name of Roſſalia; and he conſiders it as having a cloſe affinity with the Small-pox and Meaſles. "Præter ambas ſpecies, alias adhuc duas paſſim advenire conſpeximus, quarum altera nuper a vulgaribus Roſſania ſive Roſſalia vocatur: alteram verò Cryſtallos vocant. Illam idcirco Roſſaliam† nuncupant, quoniam maculæ, per

* Cap. XIV. Cont. XVIII. 8. & Ad Almansor.

† The efflorescence was termed Rossalia, or Rosalia, from its colour. Other Italian writers denominate the disease Robelia, or Rubiola, from Robia, madder, the Rubia tinctorum. Physicians in France adopted a similar denomination, using sometimes the word Rubeola, or Rubiola, sometimes the plurals Rubiolæ, Rubioli. See Ballonius de Epidem. lib. I. & Consult. Med. lib. II. M. Chesneau observes, "Vulgus Massiliæ distinguit Rubiolam a Morbillis, hos vocantes Senepion, et illam Rougeole, in quâ non sunt pustulæ, sed magnæ tantum areæ, in modum Erysipelatis rubentes. Obs. Med. pag. 454.

In

per universum corpus plurimæ, magnæ et parvæ, ignitæ ac rubræ, cum vix effatu digno tumore, instar multa seorsim erysipelata, dispersæ sunt, ut totum corpus ignitum appareat."—He is careful, however, to distinguish this disease from the Measles. "Nonnulli sunt qui Morbillos idem cum Rossaliâ esse existimant: nos autem sæpe distinctos esse affectus nostrismet oculis, non aliorum duntaxat relationi confidentes, inspeximus*."

A contagious Sore-throat proved extremely fatal in the vicinity of Amsterdam during the year 1517. From the account of it given by a Dutch physician, as quoted by Foresti†, we may conclude that this disease was an epidemic Scarlatina of the most malignant kind. "Aliter se habuit dolor gutturis, tum, inflammatio, in illa Anginâ epidemiâ, imo pestiferâ, et adeò malignâ

In consequence of the expressions used by Ingrassia, many writers of the 17th century apply the denominations of Erysipelata, and Morbilli ignei to the Scarlatina; others use the name of Purpura;—but there is no end to the synonyms of this disorder. Compare Eust. Rud. Sympt. Extern. de Fersâ Venet. Prosper. Martian. in. Hippoc. Epidem. I. 2. sec. 3. and Bonacurs. de Mal. Extern. cap. 45.

* De tumor. præt. nat. Tract. 1. cap. 1.

† Forestus, obs. 2. lib. VI. The morbus epidemius cum gutturis et pectoris angustiâ, described by Foresti himself, was an Epidemic Catarrh, or Influenza.

et

et contagiosâ, quæ tempore M. Joan. Tyengii, Amstelrodamensis medici celebrioris, in multos circa principium anni 1517 grassabatur, ut quibus intra sex vel octo horas apta remedia non adhibebantur ante sedecim vel viginti horas subito moriebantur; neque aliquis evadebat (ut perhibetur in ejus libello propriâ manu scripto) si medico docto non uteretur. Erat autem materia, in illo morbo populari, ita furiosa, ut uno momento tantam anhelitûs difficultatem, cordisque angustiam, et dolorem in collo pareret, ut ægrotus strangulari mox videretur: quibus symptomatis rursum cessantibus, moxque redeuntibus, cùm materia adeo maligna, venenosa, et fluxa, per musculos colli, tum pectoris uno ictu trajiceretur, multi suffocabantur."

We may without hesitation rank as an epidemic Scarlatina anginosa, the pestilential Sore-throat described by Wierus*, which spread through Lower Germany in the years 1564 and 1565. The Small-pox, Measles, and a Contagious Catarrh immediately preceded this disease. It proved chiefly fatal to infants; and in addition to the sore-throat, was attended with violent fever, vomiting, swelling of the parotid glands, and patches of an erysipelatous efflorescence.

* Obs. Med. rarior. See also Schenckii Obs. lib. VI. p. 775.

A few

A few years afterward the ſame diſorder was epidemical in Paris. The celebrated Ballonius (De Baillou) has deſcribed it under the title of Rubiolæ*. His account moſt clearly comprizes the principal varieties of the Scarlatina. He compares the efflorefcence to a bluſh over the whole ſurface of the body, obſerving that this appearance, if no fever had preceded it, was not formidable; and that it occurred in many women, and children, who were not afterwards affected with fever, pain, or any uneaſineſs whatever. He alſo mentions the leading ſymptoms of the Scarlatina anginoſa. "Uvulæ inflammatio multis, et deglutiendi difficultas, aliquando faucium exulcerationes; aliàs angina quædem ſicca (ut vocat Hippocrates) per eryſipelatoden phlogoſin: ſuffocatio inde. Multis et parotides comites, et præcedunt, et ſequuntur, quæ non ſunt ſemper metuendæ. A capite, ſunt dolores in oculo profundi, oculorum dolor et flagrantia, propenſio in ſomnum, et tamen dormiendi impotentia, immo et coryza, et aurium dolor, ſiccitas in gutture, et implacabilis ſitis cum anorexia. Alvi aliquando aſtrictio eſt, aliquando fœda illuvies, corporis pruritus, et velut acicularum punc-

* De Epidemiis, lib. 1. 2. & Consult. Med. lib. 1. He carefully distinguishes the Rubiolæ from the Measles (Morbilli) and thinks the former partake of the nature of Erysipelas, but that the Small-pox and Measles have an affinity with Herpes.

turæ."

turæ." He likewiſe mentions hæmorrhagy, and abortion*, as frequent occurrences. Thoſe who were affected with the diſeaſe in it's ſlighteſt form, he ſays, often brought on, through neglect, or miſmanagement, a fever of the moſt malignant kind, (" cum hoc negligerent, non impunè tulerunt, nam non ità longè poſt febre correpti ſunt mali moris" :) and, when the eruption appeared on the 4th, 5th, 6th day of fever, or later, the moſt violent and dangerous ſymptoms followed. The dreadful mortality of this diſtemper in autumn 1575 is particularly remarked by Ballonius : " Et hæc quidem diverſis oborta ſunt annis, nunquam tamen majore cum clade quam autumno 1575, feraciſſimo exanthematum puerilium, ex quâ peribant omnes, et non proficiebat hilum ars ea quæ multis auxilio eſſe ſolet.—Tanta feri venenati erat malignitas!

During the year 1580, an Influenza†, ſaid to have originated in Aſia, was rapidly diffuſed over all Europe.

* Uxor Bodini septimestrem partum excussit vi morbi, eodem modo maculatum quo mater. Uxor Lyssæi nono die germen exclusit, &c.

† This epidemic Catarrh is described by Forestus, Obs. 3. lib. I. See also Synopsis Novi Morbi Catarrhalis a Jo. Bokelio, M. D. Prof. Helmestat. 1580. De Febre Epidemiâ anni 1580, a J. Sporischio ab Ottenbachaw, M. D. Francofurti: and De Morbo arietis libell. a Franc. Campo, M. D. Luccæ, 1586.

rope. According to Alphonſo de Fontecha*, the Influenza in Spain was immediately ſucceeded by an epidemic Sore-throat, of a moſt malignant and fatal kind, to which the Spaniards gave the name of Garrotillo. It remained among them forty years, and within that period, ſpread to all the ſea-ports of Italy, Sicily, and Malta. It's firſt appearance at Naples was in 1618†. Being there deemed, as it had before been in Spain, a new diſeaſe, it preſently received a variety of new appellations‡. The mortality of it, reported by the Spaniſh and Neapolitan phyſicians, appears at preſent incredible. L. De Mercado informs us that every one who was ſeized with it, died in leſs

* Ab anno 1581, adnotatæ fuerunt anginosæ istæ lues prædictæ, ut affirmant quam plurimi doctores, et senes magnæ authoritatis, et constat ex relationibus quam plurimis. Disputat. De Anginâ, lib. II. pag. 22. Alphonso's Observations on this disease were made in the years 1603 and 1604.

† Angina pestifera ab anno 1618 erupit, insuetus inter nostras gentes morbus, &c. Boneti Sepulchret. tom. I. 479.

‡ Ulcera anginosa, Ulcera Syriaca, Passio anginosa, Phlegmone anginosa, Carbunculus anginosus, Angina maligna, Angina Puerorum, Angina pestilentialis, Angina pestifera, Tonsillæ pestilentes, Pestilens faucium affectus, Therioma faucium, Aphthæ malignæ, Ignis sacer, Pædanchone maligna, Affectus suffocatorius, Morbus strangulatorius, Laqueus gutturis, Epidemica gutturis lues, Male in canna, &c.

than

than four days*. According to Carnevala, it deſtroyed 500,000 † perſons at Naples within two years. This aſſertion, however, is contradicted by Franceſco Nola‡, who has given a more accurate hiſtory of the diſeaſe than any of his cotemporaries. He obſerves that the contagion ſeldom affected all the individuals of a family; that it only proved fatal to perſons of a weak humid temperament, and to children; and that in ſome houſes, all who were ſeized with it, had it in a very mild form.

It may be neceſſary here to aſſign my reaſons for ranking the Garrotillo among the varieties of Scarlatina, as it has been generally ſuppoſed that the

* Mercati Consult. Med. 14. De gutturis anginosis et lethalibus Ulceribus, vulgo Garrotillo, pag. 136.

† Quingenta hominum millia. A mistake surely for quinquaginta! The population of Naples could not admit of so great a mortality. Jo. Baptista Carnevala, De Epidemico Strangulatorio affectu; Neapoli 1620. pag. 2.

‡ De Epidemio Phlegmone anginoso; Neapoli, 1620, pag. 15. Nearly the same observations were made, in Sicily, by Marc. Anton. Alaymus. Morbus non totam civitatem, verùm nec dimidiam, nec centesimam partem hominum, sed puerulos paucos, et ex his ut plurimùm cacochymos et malè curatos exanimat. Consultatio pro Ulceris Syriaci, nunc vagantis, curatione, Panormi, 1632. See also Tractat. de Garrotillo, cap. 8. a D. Fr. Perez Cascales Guadalajara, Matriti, 1611.

Garrotillo was not attended with any eruption analogous to that which occurs in the Scarlet Fever*.—I formerly remarked that the efflorefcence, in the Scarlatina maligna, is ufually partial and indiftinct: it might therefore pafs unnoticed by authors, who feem lefs anxious to defcribe minutely what their own experience prefented, than to copy the defcriptions of fimilar complaints from the ancients, or to eftablifh ancient theories, "conftantly appealing," as Dr. Fothergill juftly obferves, "to Hippocrates, Galen, Avicenna, &c. for the fupport of their opinions concerning a difeafe, which it is not certain that thofe they appeal to ever faw."—The identity of the Garrotillo and malignant Scarlatina does not, however, depend upon negative circumftances, but can be proved by the direct teftimony of the beft writers on the fubject. They defignate the Scarlet efflorefcence, as was ufual at that time by the denomination of Eryfipelas†, or Eryfipe-

* On this point, Dr. Fothergill was only able to collect from the different authors whom he consulted, that, "the fever was frequently accompanied with small pimples, and eruptions like flea-bites." On the Ulcerated Sore-throat, pag. 12. Cruore confusas pustulas nigras, hoc illo loco, parvas, ecthymata, et pustulas pulicum morsus referentes. Severin. De Pædanchone maligna, Partic 2. p. 31.

Compare Wilcke on the Angina Infantum, (Sandifort's Thesaurus) who mentions the appearance of Erysipelas, or Scarlatina, as very unusual at Stockholm; vol. II. p. 355.—Dr. Fothergill does not seem to have read Nola's Treatise on the Epidemic Sore-throat at Naples.

† L. de Mercado says, "Although this disease be usually entitled

lata,

lata*, and they have remarked its frequent appearance with the Garrotillo.—De Mercado, (Confult. 28,) has related at length one cafe under this form, and adds, that he faw many perfons affected with a fimilar difeafe, efpecially at the monaftery of St. Lawrence, and in it's vicinity. The importance of this subject induces me to quote the cafe and confultation in the author's own words, as a confirmation of what has been advanced, and likewise as a fpecimen of the injudicious treatment of a difeafe, which would perhaps have fafely and fpeedily terminated without medical interference. But the doctor, like many of his cotemporaries, chofe rather to err with Galen, than truft to his own reafon and fagacity. Illuftriffima Domina Maria Manrique, religiofi ordinis fancti Bernardi in Vallevolitano cœnobio, 40 cum effet annorum biliofæ, et fanguineæ naturæ, menftruis copiofis purgata ante hanc ætatem, et nunc longè minùs, curis et follicitudine non parùm affecta, prope folftitium æftivale, correpta eft febre, non admodùm intenfâ, fed variis horroribus implicatâ, et intermiffâ, ac totiens recalefcente, cum capitis dolore intenfo, et vifcerum, maximè juxtà ventriculum parte ejus dextrâ, moleftiffimâ fenfatione, quâ ferè animo videbatur deficere. Tertio die ab his accidentibus, faciem cœpit occupare, et gutturis dextram partem, rubor plu-

Erysipelatous, yet it is widely different both in it's nature and circumstances from the ancient genuine Erysipelas." See page 299.

* See note, pag. 289, 290, and Sennert. lib. IV. cap. 12.

rimùm

rimùm ſaturatus, citrà evidentem tumorem: crevit ad caput uſque per oculos, utramque faciei partem occupans, quo minùs horrida erat, et magis continuè febricitabat, et longè minùs moleſtiis prædictis premebatur, præſertim ſanguine miſſo bis ac ter, quo rubor quieviſſe videbatur. Verùm eo tandem nondum ceſſante, horrere iterùm cœpit, et anxietate premi; ac mox febris increvit, et thoracis a cervice ad mammas extimam regionem apprehendit rubor, non ità intenſi coloris, cæterùm febris, ceſſantibus reliquis accidentibus, non ità manifeſtè ceſſavit, ſicut primo ruboris inſultu. Quo ordine, reverſionibus, et remiſſionibus uſque ad vigeſimum diem, malum revertebatur: deinceps verò usque ad mortem, ceſſante Eryſipelate, vires plurimùm deliteſcebant, et febris atrocioris conditionis ſeſe oſtendebat, ità ut nullis auxiliis cedere videretur, donec ſubito motu, in importuniſſimum ſomnum delapſa (quamvis ab 11mo die in ſomnum erat proclivis) cœpit deinceps obliviſci, et tandem cum ſopore delirare, quo uſque ad 30m diem, quo mortua fuit, duravit, humore ſubitò etiam ad cor recurrente, quo celeriùs quam affectus et vires pollicebantur, morte correpta fuit.—Placuit hiſtoriam hujus illuſtriſſimæ fœminæ hac in parte recenſere, cui conſimiles jam conſpeximus alias, maximè in cœnobio Sancti Laurentii Hiscorialis, tam intùs, quam in habitatiunculis extrà ipſum. Namque in omnibus illis apparuit is morbus quem

quem Eryſipelatis nuncupamus, tamen longe diſſitus ac diverſus ab antiquâ et innatâ ejus naturâ et conditione.—In noſtrâ laborante, pars dextra facilè rubeſcere cœpit, verùm non ut in vulgari Eryſipelate, ſed cum febre, capitis dolore, ventriculi anxietate, et biliofis vomitibus, quibus nihil levata erat: quinimò indies magis ac magis animo deficere videbatur. Tunc quidem ſanguinem miſimus, verentes retroceſſum biliofi ſucci eryſipelantis faciem vi medicamenti purgantis; idque ter fecimus. Sed cum hoc, horrores iterùm revertebantur, et febris magis increſcebat, donec apparuit rubor, maximam cervicis et pectoris partem occupans. Tunc quidem quartò ſanguinem miſimus, et cum remitterentur hæc omnia, iterùm horrere cœpit, et per alias partes corporis rubor apparere, quò ſanguinem quintò miſimus. Et cum conſtaret, neque præſidia, neque expulſiones a naturâ factas, aliquid profeciſſe, conſideravimus jecur adeò pravâ intemperie eſſe affectum, quod non ſolùm bilem torridam et parvæ conditionis generaret, ſed inſuper genitam iterùm inficeret, ac ob id per utramque alvum conari expellere, et ad cutem teneriorem partim tranſmittere. Cæterùm conjecimus, ità naturam interiùs premi, tum jecoris vitio, tum humoris malignitate, quod longè plùs in deterius rueret laborans ex his, quam ab expulſâ ad cutem bile levaretur: et deinceps verentes naturæ exitum, curavimus jecori ſubvenire, priùs bile ab ipſo repurgatâ

repurgatâ, ac mox reductâ ejus vitiosâ temperie in assimiliarem et salubriorem*.

From the account of the Epidemic Sore-throat at Naples, as given by Francesco Nola, we learn,

1. That, after a very rainy season, a contagious distemper affected cattle in 1616.

2. That the Small-pox, Measles, and Erysipelata, prevailed, with almost equal violence, among the human race, during the spring and summer of the year 1617†.

3. That, while these eruptive diseases still continued, the Sore-throat began to affect children in the spring of 1618‡, and became, in the succeeding autumn, highly malignant.

4. That, on the first appearance of the disease, adults were affected with the Erysipelata || only; but when the contagion was extensively spread among children,

* Compare the case of Xuarez, at Toledo, Cons. Med. 14. Tom. V. pag. 135.

† Anno 1617, erant Fluxus ventris, Variolæ, et Morbilli permulti ad æstatem usque, et Erysipelata, tum maximè in humidioribus. Nola, De Epidemio Phlegmone anginoso; Neapoli. 1620, pag. 13.

‡ Postmodùm, iisdem morbis inter aliquos homines perdurantibus, ann. 1618 et 1619, gulas pueris affecit contagio. Pag. 47.

|| Adultos in principio Erysipelatibus corripuit, et similibus, morbus; postmodùm verò, gulas pueris et dein adultis invasit. Pag. 45.

that

that adults were likewise ſeized with the complaint in the throat.

5. That, under ſimilar circumſtances, ſome had ſymptoms ſo favourable, others ſo malignant, that they ſeemed ſcarcely to have the ſame diſeaſe*.

The teſtimony of this writer being clear and deciſive, I think it unneceſſary to quote further authorities in proof of my poſition, that the Garrotillo in Spain, and the Epidemic Sore-throat at Naples, were in every reſpect ſimilar to the Scarlatina anginoſa of later times.

While this diſeaſe raged with ſo much virulence in the ſouthern ſtates of Europe, we find, from the writings of Senertus, Doringius, and others, that the milder forms of the Scarlatina prevailed in different parts of Germany. They are deſcribed under the titles of Morbilli ignei†, Roſſalia, Eryſipelata, and Univerſal

* Erat alio malignus morbus, alteri benignus, ferèque toto cœlo ab altero diversus.——Simillimos, æque viventes, persæpe vidimus correptos diverso modo, benignè, vel malignè. Pag. 23. Compare Severinus, de Pedanchone, Partic. ii. pag. 30.

† Morbilli ignei sunt tumores corporis, in cute potissimùm conspiciendi, omnium minimi, cum febre continuâ putridâ, malignâ, et ruboribus totius corporis pruriginosis, conjuncti, a sero, bilioso, maligno, et specificè

verſal Eryſipelas. Doringius has given a more accurate account of the Scarlatina anginoſa than any preceding writer; and he is, I believe, the firſt who has noticed the frequent termination of this diſeaſe in painful tumours of the joints, or in dropſical ſwellings of the abdomen and lower extremities. "Terminatur ad plurimum tranſlatione materiæ ad articulos extremorum, cum tam dolorifico tumore ac rubore qualis apud arthriticos eſſe ſolet: hinc cutis reliqua corporis ſquamatim detrahitur: mox pedes ad talos et ſuras uſque intumeſcunt: urinæ craſſeſcunt, etruteſcunt. Hypochondria tenduntur primùm, et reſpiratio difficilis redditur: paullò poſt abdomen ipſum in tumorem attollitur: iſti autem non niſi magno labore, et poſt multas demum ſeptimanas, ceu hydropici incipientes, ad priſtinam ſanitatem deducuntur*."

The Scarlatina is again deſcribed, under the title "Febris miliaris rubra," as a new diſeaſe, which is ſaid

specificè corrupto orti. Ephemer. Acad. Nat. Cur. Dec. 1. ann. 6. 7. Obs. 42. Bonetus terms the Sore-throat connected with this eruption, Angina ignea, Med. Sept. II. 7. 3. See Sennerti op. tom. II. 1. 4: cap. 12.

* Epist 18, ad Sennertum. See Bonet. Med. Septentr. collat. lib. II. c. 7. Compare Prosp. Martian. Comment. in Hippoc. Epid. 1. II. sec. 3. and Bonacursius, cap. 45. Mal. Extern. de Rossaliâ, vel Fersâ. Bononiæ, 1656.

to

to have appeared at Leipſic, about the middle of the 17th century. Godofred Welſch, in a Diſſertation entitled, "Hiſtoria medica novum iſtum puerperarum morbum continens, qui ipſis Der Frieſel dicitur," mentions, beſides the white miliary eruption uſual in puerperal caſes, another * form of diſeaſe, characterized by ſhiverings, pain of the head, redneſs of the eyes, a vivid red raſh, ſometimes over the whole body, ſometimes in ſcattered patches, great heat, roughneſs and itching of the ſkin, general debility, reſtleſſneſs, and frequent hæmorrhagy from the noſe. He further obſerves, that between the fourth and ſixth day from the beginning of the complaint, the redneſs of the ſkin was at it's height, or rather declining; and that in thoſe who recovered, there was a regular criſis either by a ſlight diarrhœa, or copious perſpiration, ſucceeded by deſquamation of the cuticle. With theſe leading circumſtances, the author has intermixed the ſymptoms uſually attending the appearance of miliary veſicles, DEF. X. and has thus unneceſſarily added another ſpecies to the Miliary eruptions, noticed before his time by the Germans and French,

* Malum hoc duplici ut plurimùm comparuit facie, rubrâ plerumque, non rarò albâ; illud cum insigni ac intenso semper calore, rubore, pruritu, et asperitate cutis duriusculâ, hoc vero quoad calorem, pruritum, juxtà ac rubedinem, remissius, et pusillis albicantibus pustulis, ichorem in se continentibus, conspicere est.

in treating of puerperal and malignant Fevers*. In comparing this eruptive fever with Sennertus's imperfect account of the Roſſalia, Welſch betrays his total ignorance of the latter. He ſays the complaint at Leipſic could not be the Roſſalia, "becauſe it was attended with a general redneſs, and roughneſs of the ſkin," circumſtances which, though not noticed by Sennertus, are in reality characteriſtics of the Scarlatina. We cannot be ſurprized at the miſtake of a medical ſtudent on ſubjects, wherein the authors he conſulted were very defective; but there ſeems little excuſe for men of experience, who could perſuade themſelves that a new epidemic and contagious eruptive diſeaſe commenced almoſt inſtantaneouſly, and after ſpreading in a ſhort time over the greateſt part of Europe, ſuddenly and finally diſappeared.—The nature of the diſeaſe at Leipſic may be eaſily underſtood by comparing Dr. Welſch's Diſſertation with the ſtatements of his cotemporaries, and of ſome preceding writers. From theſe it appears that the Morbilli ignei, or Purpura (both which terms denote the Scarlatina, pag. 290, 301,) was, about the year 1650, epidemical in the vicinity of Leipſic. According to Dr. D. Wincler, Eph. Ac.

* Tagaultius, Fernelius, Hadrianus Junius, Fœsius, Sennertus, &c. See Foresti Op. pag. 206. Riverii Prax. 1. XVII. sect 3. cap. 1. Bonet. Med. Septen. t. II. 1. 5. Etmuller de Febribus, pag. 245. and Burserii Inst. Med. vol. II. § 384.

Nat.

Nat. Cur. Dec. I. an. 6. 7. obſ. 42. "Hi Morbilli apparuere primùm apud nos anno 1642, poſt obſidionem Bregenſem, Lipſiæ verò paulò poſt: et quod nos in pueris, ipſi in puerperis * annotarunt, ut teſtatur Diſputatio ibi habita anno 1655, a Dno D. Welſchio. Vocant verò Der Frieſel, a panni Frieſe ſimilitudine: nomen quidem eſt diverſum, res vero eadem, ut ex definitione ipſorum, Cap. III. Theſ. 5. unuſquiſque videre poteſt. Symptomata autem iſta periculoſa, ut angina, parotides, &c. apud illos abſuerunt." He has prefixed to his obſervations a fatal caſe entitled, "Angina in Morbillis."

Georg. Hieron. Welſch mentions the Lipſian epidemic under the title "Febris coccinea†", and has given the particulars of one caſe, which appears evidently to have been a mild Scarlet Fever.—From Chr. Joannes Langius we learn, that the diſeaſe at Leipſic

* Whenever the Scarlatina is epidemical, it usually affects women too or three days after lying in, and often proves fatal to them. Many instances of this occurred in 1786, and the succeeding years, while the Scarlatina was prevalent in London. In 1796-7, there was a still greater mortality from the same cause. See my Reports on Diseases in London, pag. 341-2. Dr. Withering also says, the Scarlet Fever and Sore-throat at Birmingham was "particularly fatal to lying in women": he had himself three patients under these circumstances, and they all died. Pag. 25.

† Cur. Propr. 2. Dec. I.

was

was not, according to the firſt account of it, peculiar to women in childbed, but extended to perſons of all ages and ſexes, and proved fatal to many. In treating of the Febris purpurea, he obſerves, "Purpura in noſtrâ Lipſiâ perquam frequens eſt, ut non modò pueros cum juvenibus, adultos cum ſenibus, viros cum fœminis, et ex his ſpeciatim puerperas, totâ penè die invadat, et paucos intrà dies, ni ſumma habeatur cura, interimat. Sed non a multis retrò annis, hanc Purpuræ moleſtam familiaritatem civitas noſtra experta eſt, ſed demum paulò ante annum hujus ſeculi quinquageſimum, cum puerperarum quamplurimarum ſtrage, primam ejus invaſionem recordantur incolæ*".

Etmuller, who was Profeſſor of phyſic at Leipſic about twenty years after the firſt appearance of this epidemic, makes nearly the ſame obſervations: "Febris noſtra purpurata, Der Frieſel dicta, aliàs Febris miliaris dicitur, item Morbilli ignei. Febris hæc quoſvis adoritur, mares et fœminas, infantes et adultos, præſertim puerperas, quibus et malignior et funeſtior exiſtit menſium retentorum occaſione." De Feb. pag. 527.

* Chr. J. Lang. Prax. Med. cap. 13. and Scacher de Febre acutâ exanthematica; Lipsiæ 1723. Iste affectus non modo puerperas, verum tenellos, etiam adultos utriusq; sexûs, adortus est. See Haller. Disputationes, vol. V. p. 488. Hoffmann, Consultat. Med. p. 413. Juncker's Conspectus, tab. 64.

An

An epidemical Miliary Fever, reſembling that at Leipſic, is ſaid by C. Rayger to have prevailed at Preſburgh in the year 1671-2. From his account of the diſeaſe, however, we may deciſively conclude that it was the Scarlatina: after conſidering it as an "Eryſipelas per totum corpus diffuſum," he adds, "totum corpus intenſè rubrum erat, ac ſi panno rubro involutum eſſet": and he himſelf thinks it might more properly have been denominated Roſſalia*.

The Scarlatina ſpread through Poland in the year 1665, and has been well deſcribed by Schultzius under the denomination of Purpura epidemia maligna†. A few years afterwards, it was noticed by various authors in Denmark, Holland, Switzerland, Lombardy, Bavaria, Auſtria, England, and Scotland‡. J. N. Pechlin ob-

* Miscell. Nat. Cur. Dec. I. ann. 3. De Febre malignâ cum Exanthematibus miliaribus.

† Act. Ac. Cur. Dec. I. ann. 6. 7. pag. 206. The fatality of this epidemic among infants and children deserves to be noticed. "Plerique 2dâ die morbi, nonnulli etiam 1mâ moriebantur."

‡ Borrichius de Rossalia squamosâ.—Misc. Nat. Cur. Dec. I. ann. 45. & Dec. III. Ephemer. Dec. III. Targione, sopra humana salute, tom III. Nerucci de Variolis, Sydenham, Morton; and Sibbald, Scotia illustrata, part I. pag. 55. It is observed, Act. Erud. Lips. tom. IV. ann. 1685, "Describit Sibbaldus febrem Scarlatinam dictam, cujus historia nostratium Purpuræ, germanicè Friesel, accuratè respondet."

ſerves,

ſerves, that this diſeaſe, which he conſiders as a ſpecies of Meaſles (Morbilli), was epidemical in different parts of Germany from 1677 to 1683. As a proof of the rapid progreſs of the contagion, he ſays that ſeven hundred perſons were affected with the diſeaſe, at the ſame time, in Stutgard*.

Between 1690 and 1696, this diſeaſe, termed Morbilli maligni, pernicioſa lues, peſtis puerorum, &c. made ſimilar ravages in Dreſden, Wirtembergh, and Ulm, as appears from ſeveral diſſertations in the Ephemerides†.—According to Loew, Hiſt. Epid. Hung. Act. Nat. Cur. p. 26, the Roſſalia immediately ſucceeded the Meaſles, and was diffuſed through Hungary in the year 1697. About the ſame time it prevailed in Saxony, and again proved fatal to many in Leipſic, as we are informed by C. J. Langius; Diſputat. 44. —It continued in different parts of the electorate above fifty years, occaſionally exhibiting all it's different forms, of which an enlarged account was given in the year 1742, by J. Storch, who had himſelf ſeen upwards of two hundred caſes of the diſeaſe. It's latter ſtage was attended with dropſy, and many dangerous ſymptoms, ſo that one in ten of his patients

* Obs. Physico-Med. 19. l. II.

† Dec. III. ann. 1. Dec. IV. p. 21, &c. &c.

died.

died.—The Scarlatina anginofa raged at Berlin from 1694 to 1701, and has been well defcribed, by its proper title, in the Act. Med. Berolin. Dec. I. vol. II. and Dec. II. v. V. § 3. It's fubfequent appearances in different parts of Germany, in the Netherlands, Sweden, and Italy, until the middle of the laft century, are noticed by feveral writers on the Febris miliaris, Purpura miliaris, Purpura rubra, Purpura febrilis, Morbilli maligni, Angina infantum*, &c.

The ulcerated Sore-throat, or Aphthæ febriles, a difeafe frequently occurring in Holland, was in the opinion of Van Swieten†, a modification of the Purpura, or Febris miliaris, defcribed by German authors. De Haen does not hefitate to denominate it Scarlatina peffima‡. It is fingular that this complaint, when epidemical in the vicinity of Leyden about the year

* Act. Nat. Cur. vol. II. obs. 32. vol. VI. pag. 72. vol. IX. pag. 55, &c. &c. Historia Morbor. Vratislav. 1700-1702. Violante de Morbillis, 1732. Saltzman, Historia purpuræ miliaris, Argentorati, 1736. Aloysio Targioni, at Florence, 1717-18, tom. III. Rosenstein, at Upsal, 1741, cap. 16. Zaffii Synops. obs. med. 1745-6, pag. 39. Journal de Med. tom. VIII. pag. 556. Bergius and Wilcke, at Stockholm, &c. 1755-8. (Sandifort's Thesaurus, vol. II. pag. 350.) Ant. Storck. mens. Nov. 1759. Vindebonæ, &c. &c.

† Commentar. in Boerh. Aph. 997.

‡ De Feb. Division.

1669, ſhould be again mentioned and deſcribed as an unknown diſeaſe*.

Dr. Morton is the firſt Engliſh author who has given an enlarged account of the Scarlatina. He mentions the affection of the throat, with all the other ſymptoms peculiar to the Scarlatina anginoſa†, and it's uſual conſequences, as ſwelled parotids, ſcrophulous ulcerations, atrophy, and anaſarcous ſwellings of the legs. He alſo relates ſome caſes of the diſeaſe in it's malignant, or, as he terms it, peſtilential form‡. However,

* Dr. Guid. Fantoise, Dissertatio Medica De Epidemio hactenus inaudito, æstate anni 1669, Lugduni Batavorum, vicinisque locis, grassante. His account of this disorder agrees precisely with the description of a similar epidemic in Holland by Tyengius in 1715, formerly quoted, page 290-1.

† Ubi morbus est benignus, efflorescentia 2do vel 3tio morbi die incipit, atque 4to vel 5to die, unâ cum febre comitante, recedit: ubi malignus est, et epidemicus, non rarò efflorescentiæ apparatus ad 6tum vel 7m diem protrahitur; et efflorescentia usque ad 14m et ultrá durat. Intereà febris accenditur; glandulæ pharyngis, laryngis, &c. inflammantur: dolor fit in gutture ulcerosus; deglutitio læditur; anhelitus, strangulatio ac suffocatio, cæteraque anginæ symptomata sæpiùs ingravescunt. Post efflorescentiam peractam, denique morbi ipsissimi, scrophulæ, cachexia vel atrophia universalis, leucophlegmatia, ascites, morbum consequuntur. De Morbillis & Febre Scarlatina, cap. IV.—V.

‡ See Case ii. cap. V. on which he remarks, siquando venenum istiusmodi, crisi perfectâ, per cuticulam propelli haud potest, tanquam venenum pestilentiale glandulas sponte petit narium, faucium, inguinum, &c. easque

ever, as was formerly ſtated (pag. 241-2), he conſiders the Scarlatina merely as a variety of the Meaſles, and thinks it has the ſame relation to that diſeaſe, as the confluent has to the diſtinct Small-pox*. On this hypotheſis, all perſons who had paſſed through the Rubeola vulgaris † might, without apprehenſion, expoſe themſelves to the contagion of the Scarlet Fever. The fatal conſequences which would ariſe from acting in conformity to ſuch an opinion, have been aſcertained by the experience acquired during the lapſe of another century.

The Scarlatina anginoſa is properly noticed in the

easque inflammat, et exulcerat: nec non carcinomata, bubones, et parotidas excitat. Quantum tonsillas, uvulam, fauces, nares, et quamdiu intumuisse vidi! quam turgida nonnumquam labia! et quam sordidâ scabie obducta et exulcerata, ab eâdem causâ, animadverti!

Dr. Morton's observations were made between the years 1672 and 1694.

* Hunc morbum prorsùs eundem esse cum Morbillis censeo, et solo efflorescentiæ modo ab illis distare. Quæ differentia tanti non est ut alterum morbum constituat, nisi pari ratione Variolæ confluentes et distinctæ, cæterique morbi ex accidente aliquo inter se differentes, ubi causæ, symptomata, prognostica, curativæ indicationes, atque methodus medendi, ab invicem minimè distent, in diversos morbos dividantur—— Quorsum enim nova nomina affectibus imponantur, et morbi, tantum specie differentes, sub alio atque alio titulo tractentur?

† Dr. Morton himself says, Nunquam in totâ meâ praxi novi quemquam, præter unum puerum, secundâ vice hoc morbo correptum. De Morbillis et Febre Scarlatinâ, cap. III. pag. 38.

Edinburgh Medical Eſſays, vol. III. p. 27. "July 1733, children were attacked with the SCARLET FEVER and ANGINA, which became very epidemic in the two ſucceeding months, was leſs frequent and milder in October, but continued all the winter and ſpring. This diſeaſe began commonly with a quick pulſe, heat, thirſt, headach, and a pain in the throat, where frequently a ſwelling of the amygdalæ was obſerved. Many had a vomiting and diarrhœa at the firſt attack of the diſeaſe, without any remarkable change on the other ſymptoms. After a day or two, the face, or extremities, and ſometimes the whole body, ſwelled, the ſkin being red, with a watery clearneſs ſhining through it. Frequently the ſwelling and redneſs proceeded gradually from one part to another. It was remarked that ſuch patients as had undergone the Scarlet Fever any time in their lives before, took at this time the fever and angina, without the ſcarlet eruption*; but all who laboured under the Scarlet Fever had the angina alſo. Many, who were neglected in the beginning of this diſeaſe, were ſuffocated by the anginæ."

In the fourth volume of the ſame eſſays, pag. 490, is an abridged account of a ſimilar epidemic fever in New England, attended with "ſwelling, pain, and white

* See above, pag. 274.

ſpecks

ſpecks in the uvula, and tonſils, and a diſtinct, red, miliary eruption over all, and at it's height on the fourth day; after which it itched, and ſcaled off, and the ſpecks ſloughed off from the ſubſiding fauces."

"A worſe kind of this fever was accompanied with a low, unequal pulſe, proſtration of ſtrength, deſpondency, colliquative vomiting, purging, or ſweats, chopped tonſils, with brown or livid ſpots; the eruption darker coloured, or appearing, and diſappearing; ichor, or pus coming by the mouth and noſe from parts out of ſight; mucous exuviæ ſloughing off the tongue, œſophagus, or bronchia. Many thus affected died the ſixth or ſeventh day."

"In the worſt ſort, the pulſe and ſtrength were ſtill lower, the colliquations greater; and the ſick had a ſinking pain at the ſtomach, ſtupor, delirium, convulſions, and an intolerable fœtor. The few thus ſeized died the firſt, ſecond, or third day.—This diſeaſe was followed in ſome by diſcolourations and hæmorrhages like thoſe in the Scurvy; in others by tumours, which often ſuppurated; in others by hyſterical ſymptoms, melancholy, fatuity," &c.

The author adds that this fever "ſeized a half of the inhabitants of New England, and killed one in thirty-five," and that "in ſome places one ſixth, one fourth, or one third of the ſick died."

This

This ſtatement, given by Dr. Douglaſs of Boſton, is confirmed by Mr. Colden*, who remarks, that "The firſt appearance of the diſeaſe was at Kingſtone, an inland town, about the year 1735"; that "it gradually ſpread from thence, weſtward, over all the colonies in North America"; that "it was two years in Hudſon's River"; that "it was ſome time before it paſſed to the weſt ſide of that river, it's firſt appearance being in places to which the New England traders reſorted, or through which they travelled."

Dr. Huxham, in the year 1734, obſerved an epidemic diſeaſe termed by him Febris anginoſa, which anſwers in all reſpects to the Scarlatina anginoſa. This will be manifeſt to thoſe who carefully read his deſcription of the ſymptoms, particularly of the effloreſcence, and appearances in the throat†. The anginoſe and eruptive

* On the "Throat-Distemper," Med. Observ. & Inquiries, vol. I. pag. 211. It will appear probable from Dr. Huxham's statement below, that the infection was conveyed to America by ships cleared out from Plymouth, Falmouth, or some of our southern ports.

† De Aere et Morb. Epidem. vol. I. pag. 92. &c. &c. This appears to be the disease noted in the Gentleman's Magazine for the year 1734, Sept. 30. "In Cornwall, a Fever, which last year was very mortal, seemed to return this month, seizing suddenly those who, in appearance, were well but a moment before, with violent vomitings, flux, faintness, sighings, heat, thirst, raving, doating, and depression of heart."

Fever

Fever continued under Dr. Huxham's notice, in different parts of Devonſhire and Cornwall, till th[e] year 1753. He mentions it under the denominations [of] "Febris miliaris rubra*," "Febris miliaris maligna†," and "Febris anginoſa miliaris‡;" in other paſſages he informs us that the ſimple Scarlatina§, alſo termed Eruptio eryſipelatoſa||, and perhaps Rubeolæ¶, frequently occurred with the anginoſe fever. The Small-pox, and Meaſles (Morbilli) were very prevalent within the ſame period, as alſo the Chicken-pox, termed ſometimes Rubeoli, and ſometimes Febris Rubeoloſa puſtulata**. In his diſſertation on the "Malignant Ulcerated Sore-throat" (Angina maligna of Dr. Fothergill, and other authors), Dr. H. ſays, "The Febris anginoſa was attended with ſcarlet or puſtular eruptions, ſucceeded by great itching and deſquamation of the cuticle," pag. 108. At page 116, he conſiders "the malignant ulcerous Sore-throat, as a diſeaſe ſui generis," yet he acknowledges, "It had a very great reſemblance to the Febris

* Vol. I. pag. 60 & 111. VII. 115.

† Vol. I. p. 123-4.

‡ Vol. I. p. 107.

§ Vol. I. 125. VII. 113.

|| Vol. I. 95.

¶ Vol. I. 71. 28 & 116.

** See vol. II. pag. 76. 132. 137. 153. &c.

anginoſa";

anginoſa"; and that "truly ſome of the Scarlet Fevers mentioned by Morton were not much unlike it." He [illegible] ſtates (De Aere & Morb. ann. 1752), that the Febris anginoſa, and the malignant ulcerated Sore-throat, equally exhibited an eruption of papulæ or exanthemata, and conſequent deſquamation of the cuticle: "Febris anginoſa puſtuloſa graſſatur adhuc plurimùm: eſt etiam angina maligna ulceroſa perfrequens, cum putridâ febre, fœdiſſimo ſpiritûs odore, vomitu, alvi fluxu, imò et interdum faucium ipſa gangrœnâ. In morbo utroque, facilis puſtularum, ſudorum, aut exanthematum eruptio, magna conſequenti cuticulæ deſquamatione: funeſta ſane ſunt ſigna, perarida cutis, aut lividæ puſtulæ."

Perhaps the epidemic Febres eryſipelatoſæ and Febres miliares, which occurred in the years 1728-29-30, and the Febris miliaris cum pravis admodum ſymptomatibus, in 1731*, were the ſame as the diſeaſe here mentioned, but not ſo well underſtood by Dr. Huxham till afterwards.—In December 1752, he uſes the term Scarlatina to expreſs the eruption attending the Angina maligna, or malignant ulcerous Sore-throat. Decembri; Angina valdè maligna frequens: Jam eruptio non eſt tantum Scarlatina, ſed interdum Eryſipelatoſa.

* See vol. I. p. 107. 111. 125. Vol. II. p. 28. 31. 68. 113. 115. 132.

In

In the year 1743, the Scarlatina maligna appeared at Paris. Much information refpecting it is given, under the titles Efquinancie maligne, and Mal à la gorge, in the Hift. de l'Acad. des Sciences. M. Malouin, who wrote the article on epidemic diforders, obferves that, in 1746, many patients died of the Sore-throat in nine hours from the commencement of fever, and that none efcaped with life. Such a mortality will not now excite wonder in thofe who are informed that the Parifian phyficians attempted to cure this difeafe by repeatedly fcarifying under the chin, by bleeding in the jugular vein, and by extirpating the uvula, velum pendulum, and a portion of the tonfils. In 1749, Malouin connects the Malà la gorge with la Rougeole*;

* 1749, Les Rougeoles ont ce printems été avec enflure fluxionaire de visage, et les rougeurs ont été extraordinairement long tems à se dissiper, surtout au menton. Je crois dévoir remarquer à cette occasion, que les maux de gorge erésipélateux, qui ont été communs dans le même tems que les Rougeoles, ont été accompagnés de rougeurs à la poitrine, vers le cou, et aux bras. Ces rougeurs etoient en boutons qui blanchissoient lorsque on passoit le doight dessus, et ensuite ils redevenoient rouges. Les maux de gorge commençoient presque toujours par un embarras dans la tête, une envie de vomir, et un abattement de tout le corps: Quelques uns de ces malades sont meme tombés en défaillance; et enfin les élevures avec rougeurs parossoient au bras, et au haut de la poitrine. J'ai vû un de ces malades dans lequel tous ces accidents ont disparu parceque lui est survenu une enflure douloureuse à la main droite, et au pié gauche.

then, like many French phyficians who make little diftinction between la Rougeole* and la Fièvre rouge, he fays, in 1751, "Les maladies épidemiques étoient des efpéces de Fièvres rouges, qui ont plus attaqués les femmes que les hommes. Cette maladie refembloit à la Rougeole: c'étoient de grandes plaques rouges, fans boutons: les malades avoient la tete enflée, les yeux rouges, de l'étouffement, et mal à la gorge." This difeafe continued till the year 1753, or later, though not always with the fame degree of violence. Within the period mentioned, an accurate account of the different forms of the cutaneous eruption, and appearances in the throat, of the ftate of the pulfe, the fwelling of the fubmaxillary glands, and of the fucceeding anafarca, was given by feveral writers † in Paris, and in other parts of France, to which the difeafe foon afterwards extended. The moft accurate of thefe is Navier‡, whofe obfervations on the Fièvre rouge were made in the years 1751-2, at Chalons and other places.

* See above, p. 289.

† Comment. Med. Lips. vol. I. pag. 91. Chomel's Dissertation on the Gangrenous Sore-throat, 1749. Rabours de Ulc. tonsillar. Mem. de l'Acad. de Montpelier. Journal de Medecine, tom. XXXI. &c.

‡ Dissertation sur plusieurs maladies populaires, &c. à Paris, 1749. See Commentar. de rebus, vol. IV. pag. 338.

The

The "Sore-throat attended with ulcers," which was prevalent in London during the years 1747-8, and of which an accurate account was given by Dr. Fothergill, appears to have been an epidemic Scarlatina, like the anginofe Fever, and ulcerated Sore-throat defcribed by Huxham. Although many of Dr. Fothergill's cafes were certainly of the malignant kind, and he thought proper to infift generally on the putrid * tendency of the difeafe with a view to combat the mode of treatment then employed, yet it is evident from his treatife, that he frequently faw the difeafe in it's mildeft form. The rafh, of which he has given a full defcription†, coincides exactly with that in the Scarlatina. It appeared on the fecond day of the difeafe, and began to decline on the fifth. He further obferves, that there were, "in general, fymptoms of recovery on the third, fourth, or fifth day", and that, "fome grew eafier from the firft day of the attack‡." With refpect to the affection of the throat, he fays, "The difeafe ter-

* Pag. 49, 59, 71-2.

† Page 32. Notwithstanding this characteristic appearance, he is anxious to establish "an essential difference" between the disease he describes, and the Scarlatina (see page 3 and 52) particularly "the Sore-throat and Scarlet Fever, which shewed itself at Edinburgh in 1733." Med. Essays, vol. III. See above p. 311.

‡ Pag. 35.

minates in a ſuperficial ulceration of ſome of the parts about the fauces, with little appearance of ſloughs if the diſeaſe is very mild; and with large and deep ones, of a white, cineritious, livid, or black colour, if it is more violent*." In another place he ſays, "Where the diſorder is mild, a ſuperficial ulcer appears in one or more of theſe parts, which may eaſily eſcape the notice of a perſon unacquainted with it, as it can ſcarcely be diſtinguiſhed from the ſound part, but by the inequality of ſurface†." He adds, that under a proper mode of treatment, "it ſeldom happens but that the febrile ſymptoms diſappear, the ſloughs come off, and the ulcers are diſpoſed to heal in a few days, unleſs it be where miſmanagement at firſt, malignity of the infection, or an unfavourable conſtitution, have one or all contributed to increaſe the diſeaſe, and to render its conſequences more laſting and miſchievous‡."

The diſeaſe deſcribed by Dr. F. was attended with hæmorrhage from the noſe, mouth, and ears, alſo from the uterus: ſuch diſcharges of blood take place in every variety of Scarlatina, and in the two latter ſpecies are often fatal. He has noticed a circumſtance

* Pag. 51.

† See pag. 34, 59, and 64.

‡ Pag. 67.

peculiarly

peculiarly attributed to the Scarlatina anginofa by moft writers on that fubject: " Another fymptom which requires our attention in the cure of the difeafe, is an exceffive faintnefs, of which they generally complain foon after they are taken ill, and continue to do fo, if they are fenfible, till the diftemper begins to abate*."

The doctor has elucidated his obfervations by two inftances (pag. 52, 56) in which flight cafes of Scarlatina anginofa, feem to have proved fatal from an imprudent ufe of bleeding and purgatives. One of the cafes fo treated, he fays, " was apprehended to be a common Scarlet Fever."

He remarks in concluding, " Thus much, however, feems to be true in fact, that in fome cafes, the difeafe appears to be of fo mild a nature, and fo benign, as to require but little affiftance from art. Perfons even recover from it under the difadvantages of unfkilful and injurious management; whilft, in others, the progrefs of the fymptoms is fo rapid, and the tendency to corruption fo ftrong, that nothing feems able to oppofe it. Juft as it happens in the Small-pox: the benign and diftinct fort bears ill treatment without injury: in the malignant flux kind, the utmoft art and experience are too often infufficient to conduct the diftemper to a happy iffue. Whether this diverfity in

* Pag. 39, 40, 57.

the Sore-throat we are ſpeaking of, is owing to a difference of conſtitutions, or of ſeaſons, to the different quality or quantity of the contagion, or the manner of receiving it; or whether there are in reality diſtinct ſpecies, may perhaps hereafter be more certainly determined*."

That the diſeaſe deſcribed by Dr. Fothergill was an epidemic Scarlatina is further proved by a letter from Dr. Cotton to Dr. Mead, "On a particular kind of Scarlet Fever, prevalent at St. Alban's in the year 1748," publiſhed about the ſame time as Dr. Fothergill's treatiſe†. The diſeaſe had undoubtedly ſpread from London

* Pag. 68.

† The influence of accidental circumstances on medical practitioners, and medical authors, was strikingly exemplified in Dr. Fothergill and Dr. Cotton. A popular alarm, first owing to the sudden death of Mr. H. Pelham's two sons, on the same day, by a malignant Sore-throat (Gent. Mag. vol. XXVII. Nov. 1739.) and afterwards kept up through reports of the appearance of this supposed pestilential distemper in other parts of the kingdom, occasioned Dr. F.'s account of it to be read with the utmost avidity. The title and tenor of his publication so far coincided with current opinion, that he soon attained the highest professional eminence.—Dr. Cotton's treatise, on the same subject, had perhaps equal merit with regard to stile and precision; but as he gave an old appellation to a disease certainly not new, his work attracted little attention, and produced him no emolument. The doctor was, however, consoled

London to all the adjacent towns: and Dr. Cotton's narrative affords an opportunity of comparing it's appearances in the country, with its form in a crowded metropolis.

"The difeafe began at St. Alban's in September, and as ufual, affected children more than adults. In general, the firft fymptoms were ficknefs, vomiting, and purging. A fore throat immediately followed thefe difcharges, or fometimes appeared along with them. The pulfe was quick and fmall; the thirft intenfe, with a fenfation of burning heat on the fkin. The tongue was often moift and but flightly furred. Some were delirious for feveral days together; fome comatofe; others had continued watchfulnefs without any delirium; only a few complained of headaches; and even fome of thofe who were afterwards moft delirious did not complain of previous pain in the head. Almoft all experienced a fudden lofs of ftrength, with extreme anxiety and dejection of fpirits. The eyes looked watery; the countenance was bloated, and particularly the eye-lids. In many, the hands, arms,

soled by the visitation of his muse, and by the comforts of his rural "Fire-side." He declined an invitation to practice in London, considering "the metropolis as a dangerous and stormy ocean":—If we can trust the muse, his "search after happiness," among calmer scenes, was not in vain.

and

and neck, were ſomewhat tumefied: and ſometimes a cough attended theſe ſymptoms. The tonſils, parotids and ſubmaxillary glands ſuddenly ſwelled to a conſiderable degree: at the beginning of the diſorder, ulcerations in thoſe parts did not conſtantly appear; but in ſome caſes, as the diſeaſe advanced, ulcuſcula might be ſeen ſcattered about the fauces, being large on the tonſils, though every where ſuperficial, and covered with a whitiſh ſlough.—The diſeaſe arrived at its height on the fourth or fifth day; after which it gradually declined: and the glandular tumours ſubſided. In two or three patients, the ſwelling of the parotids remained a fortnight longer, and ſuppurated largely. The cuticle ſeparated as in other caſes of Scarlet Fever. Many had a ſenſation of general ſoreneſs; the dejection of ſpirits likewiſe extended beyond the diſeaſe, and was accompanied with ſingular perturbations of the mind."

"The Scarlet efflorescence appeared, in ſome, over the whole ſurface of the body, immediately on the attack of the diſeaſe: in others, there intervened one or more days between the firſt ſickening, and the eruption, the raſh being ſometimes partial, and gradual in it's advances. The legs and thighs were ſpotted up and down with ſpots of various dimenſions, ſome as large or larger than a ſix-

a ſixpence, while the trunk of the body was covered with ſuch an infinite number of them, and ſo cloſely ſet together, that, no interſtices appearing, the body was, in ſome perſons, almoſt as red as if it had been dipped in blood. In others, the ſcarlet effloreſcence was trifling as to the degree of colour; and ſo very ſlightly was the ſkin tinged, that the diſeaſe was known more from the collateral ſymptoms than from the eﬄoreſcence. The ſcarlet effloreſcence not only differed, as to degree, in different perſons, but even in the ſame patient, appearing, on the face, neck, and breaſt, even with the ſuperficies of the ſkin, eryſipelas-like, at leaſt ſo far as the eye could diſcover, while on other parts, the eruptions were prominent, and the cuticle felt rough, with all the aſperity of fiſh-ſkin that ſpectacle caſes are made of. The appearance of the effloreſcence ſeemed not to demand attention, ſo far as to influence the method of treatment, ſome being very delirious with the eruption fully out and intenſely red, and others equally ſo with the eruption ſparing and pale. It is a general law in eruptive diſorders, that the more liberally the eruption comes out, the ſecurer is the patient rendered thereby: and yet ſo little did this rule hold true in the preſent caſe, that in two patients, who died, the eruption was univerſal and florid to the laſt; and in one of them, that anxietas circa præcordia, which is uſually moſt urgent, in other eruptive fevers, before the eruption breaks out, was in

this cafe as exquifite when the efflorefcence had attained it's higheft colour, as before the eruption made it's appearance."

"From this diverfity of fymptoms, I have found fome practitioners inclined to think, that this difeafe could not with propriety be called a Scarlet Fever, but I imagine that fuch difputes are about words only. For though there is a confiderable difference between the prefent Scarlet Fever, and that milder one which Sydenham defcribes; yet if an increafed number of fymptoms, and a more exasperated degree thereof, would authorife a phyfician to alter the name of the difeafe, I fear that confufion would be the confequence of fuch a liberty. For the fame reafons, the Small-pox might fuffer a change of it's name; becaufe there is not a greater difference between the prefent, and any former Scarlet Fever, than there is between Small-pox and Small-pox; more efpecially if the comparifon be made between the mildeft degree of the diftinct, and the moft violent degree of the confluent fort."

Dr. Starr, a phyfician at Lifkard, Cornwall, has defcribed, No. 49, Philofoph. Tranfactions, 1749, the moft virulent form of Scarlatina, but under another title. He fays, "We have had ravaging among us for fome time, at certain feafons, a difeafe formidable in it's advances, and fatal in it's confequences. I mean an occult Angina,

gina, called, with ſome propriety, Morbus ſtrangulatorius. Dr. Fothergill's Sore-throat with ulcers, and Dr. Cotton's St. Alban's Scarlet Fever, &c. are but it's ſhadows. Many pariſhes have felt it's cruelty, and whole families of children (whence it's contagious nature is but too evident) have by it's ſucceſſive attacks been ſwept off.—Few, very few, have eſcaped." "They complained, on the firſt attack, of ſwellings of the glands, as tonſils, parotids, ſubmaxillary, and ſublingual glands, but frequently of no great importance; ſome, from an internal tumour, have had a large external œdematous ſwelling of the ſubcutaneous and cellular tunic, from the chin down to the thyroid gland, and up the ſide of the face. In one caſe, the tumour broke in the fauces, but inſtead of a laudable pus, ſome ounces of coffee-coloured, exceeding fetid matter were ſpit off:—the man recovered."

"A fœtor oris is uſually an early ſymptom: not a few had gangrenous ſloughs in their mouths, perhaps ſo early that the diſorder was ſcarce complained of till the ſlough was formed. Others, without any of the preceding ſymptoms, have only complained of a ſlight pain in ſwallowing, ſucceeded with a hot fleſh, feveriſh pulſe, a ſhort, low, hecking, hoarſe cough, which ſooner or later was productive of a difficult, noiſy, and ſtrangulating reſpiration*."

* Dr. S. adds, "I never saw one in this disorder attacked with delirium."

"Some had corrofive puftules in the groin, and about the anus, eating quick and deep, and threatening mortification, even in the beginning. In others, after a few days illnefs, numbers of the worft and deepeft petechiæ broke out in various parts of their body.—A child here and there had red puftules on the nape of the neck, which threw off a furprifing quantity of thin tranfparent ichor, vaftly glutinous when dry. Thefe, if pultifed or drawn with colewort leaves, were fucceeded by a thick fpreading flough. Nearly the fame appearance took place where blifters had been applied."

"There were large whitifh membranous bodies adhering to the tonfils, velum pendulum palati, perhaps to the trachea, and often forced up by the cough with great relief."—Thefe Dr. Starr at firft thought were of the fame nature as the external floughs. He afterwards changed his opinion, and in his ftatement to the Royal Society, accounts for "the mortality of the difeafe, and the great difficulty of it's cure," by obferving, that in one cafe "the mucous coat of the velum pendulum, with much adhering flime, was feparated", and that in another, "the mucous coat of part of the larynx, [and of] the whole of the afpera arteria, with the grand divifion of the bronchial ramifications," was drawn out by a thumb and finger. The patient furvived twenty-four hours, "and died in the end fomewhat fuddenly, though in his perfect fenfes." An accurate engraving

reprefents

reprefents the fize and form of what Dr. S. calls the feparated membranes, which, however, feem to have been nothing more than condenfed, adhering mucus*. Vol. XLVI. Tab. I. Fig. 1 and 2.

A malignant, ulcerated Sore-throat, with an efflorefcence on the fkin, appeared in fome parts of Holland, about the fame time as the difeafe, which was the fubject of Dr. Fothergill's, Dr. Cotton's, and Dr. Starr's publications. Profeffor De Haen, who was then refident at the Hague, confidered this fever to be a variety of the Scarlatina mentioned by Sydenham. He fays, "Anno 1748 & 1749, peffima Scarlatina Hagæ Batavorum fuit, cum validâ anginâ inchoans, plurimofq; infantes, tum et benè multos juvenes atq; adultos occidens, imò fauces, carnefque buccarum, in ulcera maligna, offa maxillarum in cariem, con-

* See Sandifort's Thesaurus, tom. II. pag. 352. "Anat. & chir: Professor, Rolandus Martin, infantem, qui hoc decesserat morbo, dissecuit: —Asperam arteriam intùs, undique, singulari inductam membranâ observavit, quam sponte ferè nexu omni solutam, peculiaris tubi instar, extraxit, crassiore, griseâ, et ex putradine laciniosâ, quâ cavum sui spectabat, quâ verò asperæ arteriæ adhæserat, sanguineo-purpureâ. Quo longiùs in pulmones descenderet, eo pallidioris fuit ruboris, et in subtilissimis quidem bronchiorum ramis prorsùs albicans, speciem præbuit membranæ, quæ ovi putamen intùs investit; quâcunque verò se extenderet, evidenter a membranâ bronchiis propriâ distingui potuisse judicavit vir acutissimus. Pulmones non fuerunt inflammati, neque ullâ ratione læsi, ut suffocatione infantem periisse constaret.

vertens,

vertens, ſimiliaque etiam producens in cruribus. Nonnunquam parotis, non juvans, ſed indureſcens, aderat*."

Our ſettlements in north America ſuffered dreadfully, from the ſame cauſe, between the years 1746 and 1760, as appears from ſome obſervations publiſhed, in 1769, by "John Kearſley, jun. Practitioner of Phyſic at Philadelphia"†:

"In the ſpring, ſummer, and autumn 1746, and during part of the winter, a diſeaſe, ſince called by the learned Huxham, Fothergill, and others, Angina maligna, or the putrid and ulcerated Sore-throat, prevailed in this and the neighbouring provinces, and ſpread itſelf with mortal rage, in oppoſition to the united endeavours of the faculty. Like moſt new ‡ diſeaſes, till their conſtitution and nature are known, it ſwept away all before it; it baffled every attempt to ſtop it's progreſs, and ſeemed, by it's dire effects, to be more like the drawn ſword of vengeance to ſtop the growth of the colonies, than the natural progreſs of diſeaſe.

* Theses sistent. Febr. divisiones, pag. 25. About the same time the Scarlatina, in it's mildest form, extended through an adjoining province (Guelderland), the account of which may be found in De Gorter. Prax. Med. tom. II.

† See Gentleman's Magazine, vol. XXXIX. pag. 521.

‡ The impropiety of this epithet will appear from the statements, pag. 312, 314.

In

In the New England governments, the ftroke was felt with great feverity: villages were almoft depopulated, and parents were left to bewail the lofs of their tender offspring. This difeafe as it appeared then, and fince within thefe few years" (i. e. before 1769), "had moft of thofe fymptoms to characterize it, which the learned gentlemen above mentioned have handed down to us."

Similar epidemics were noted, within the fame period, by Dr. Wall, Dr. Johnftone, Dr. Ruffel, and others, in different parts of Britain.

Dr. Wall * in a hiftory of the ulcerated Sore-throat, obferves, "The difeafe appeared in fome parts of this county (Worcefterfhire and Warwickfhire), chiefly in low fituations, about the beginning of the year 1748. It then went generally under the name of the Scarlet Fever, the complaint in the throat not being much attended to, or at leaft looked upon only as an accidental fymptom." When this difeafe appeared at Kidderminfter in 1749, it was found by Dr. Johnftone to coincide perfectly with the ulcerous Sore-throat defcribed by Dr. Fothergill.

The Angina epidemica, peftilens, or gangrænofa, feen

* Medical Tracts, and Gentleman's Magazine, vol. XXI. pag. 497.

many

many * times, in London, by Dr. R. Ruſſel, before the year 1752, was attended with a ſcarlet efflореſcence (eruptiones ſcarlatinæ) in ſome caſes, partial, in others, ſpreading over the whole ſurface of the body. He has noticed the ſtrong tendency to gangrene † in this diſeaſe, but remarks, "Atque ego quidem, ſi eruptio iſta mitior viſa ſit, morbum a Febre Scarlatinâ vix quidquam diſcrepare inveni, niſi fortè quod color macularum magis pupureus ſit, et petechiarum ſpeciem æmuletur."

Prof. Cullen, following Sauvages and other noſologiſts, has miſplaced the ſpecies Cynanche maligna‡. His deſcription of the raſh, connected with it, is evidently taken from the Scarlatina, and does not apply to any other diſeaſe ||. He acknowledges, indeed, that

* Memoriâ meâ, bis, iterúmque, morbum hunc accessisse, et mox pro tempore se subduxisse, recordatus sum; pag. 105.—One of these appearances must have coincided with the epidemic Sore-throat described by Dr. Fothergill.

† Tonsillas autem putrida ulcuscula occupant, et quod minimè dubito, tanquam nigræ quædam aphthæ per universum tubum alimentarium in plurimis casibus superveniunt. Pag. 106.

Partes circa tonsillas, et laryngem nigrescunt sæpissimè, et gangrænâ tentantur. Œcon. Nat. in Morb. Gland. pag. 107.

Pessimus hujus morbi status eisdem casibus patet quibus et Erysipelas, et ad ejus naturam accedere videri potest. Pag. 108.

‡ First Lines of the Practice of Physic, § 306.

|| § 664, 665.

"the

" the ſcarlet eruption appears on the ſkin under the ſame form in both diſeaſes," and adds, that " he had five or ſix times ſeen the angina maligna united with the common Scarlatina" ; alſo " that in different epidemic conſtitutions, ſometimes one diſease predominated, ſometimes the other."

It may therefore be concluded, that no Britiſh author has yet deſcribed any epidemical, and contagious Sore-throat, except that which attends the Scarlet Fever*, as above ſtated, page 262, 275. The title " Angina maligna" would have applied with equal, if not with more propriety, to the Sore-throat connected with a different ſpecies of contagion, viz. that of the Typhus, or malignant Fever, originating in the habitations of the poor, where no attention is paid to cleanlineſs and ventilation. The Fever, and Sore-

* This inference, though now generally made by practitioners, has been admitted slowly, and with great reluctance. Dr. Russel, notwithstanding Dr. Cotton's previous remarks (page 326), and the strong bias of his own mind to draw the conclusion, still hesitated: see above, page 332. Even Dr. Heberden speaks doubtingly on the subject; at least he uses the qualifying expressions " Longè verisimillimum," " proculdubiò," " ni fallor," " judicet lector," &c. and terminates his observations by a sort of compromise; " Verùm, ut maximè fuerint hi morbi diversi, meo quidem judicio, utriusque curatio eadem esse debet; si exceperis illa remedia, quæ, ut quibusdam visum est, faucibus sunt admovenda." Comment. page 21, 25.

throat, are ſometimes communicated together*, but the diſeaſe thus complicated does not become epidemical like the Scarlatina, nor is it attended with any eruption except petechiæ. It is often fatal, but not at ſo early a period as the Scarlatina maligna: it may alſo be repeatedly received, whereas the Scarlatina occurs but once in the ſame perſon.

Since the year 1760, more correct accounts of the Scarlatina, and it's varieties, have been given by many eminent authors, particularly by Plenciz, at Vienna, in the year 1762; by Angelo Zulatti, at Cefalonia, 1763 (Giornale di Medicina, t. II. No. 29. di Pietro Orteſchi); by Sauvages, at Montpelier, 1765; by Dr. Grant, in London, 1769; by de Haen, at Vienna, 1770 and 1771; by Doctors Eichel, Bang, Meza, and Aaſkow, at Copenhagen, and by Prof. Lorry, at Paris, 1777; by Dr. Leviſon, in London, 1777-8; by Dr. Withering and Dr. Johnſtone, at Birmingham, Stourbridge, &c. 1778; by Dr. Clark, at Newcaſtle, 1778-9; by Prof. Ruſh, at Philadelphia, 1783; by Dr. Ja. Sims, at London, 1786.—All theſe deſcriptions of the Scarlatina,

* Solet præterea pestilens hujus morbi malignitas fauces invadere, et anginosos effectus efficere, tonsillarum tumores, cancrosa ulcera, aphonias, gulæ resolutiones, et similia. Petr. a Castro, De Febr. malig. puncticulari (§ XXII. page 232.) Norimbergæ, 1652. See also Ramazzini, Constit. ann. 1691-4, § XX. and my Reports on the Diseases in London, Pref. & page 131.

occurring

occurring epidemically at different times, and in different climates, agree more nearly than might have been expected. I may add that they coincide with my own obſervations, ſo far as to juſtify the diſtinctions I have made in this diſeaſe.

It is needleſs to review the entire treatiſe written on the ſubject by Plenciz. He ſeems to conſider the dropſical ſtate which ſucceeds the Scarlatina anginoſa, as more dangerous than the fever itself, an obſervation not agreeing with the experience of others.

The epidemic in Cefalonia did not reſemble the diſeaſe deſcribed by Aretæus, and Aetius (page 284-7), but was a mild Scarlatina anginoſa, chiefly remarkable for a prodigious diſcharge of inteſtinal worms (lumbrici) from the ſtomach as well as the bowels*.

Sauvages's account is short: "Hac æſtate Monſpelii viget apud infantes Scarlatina, in quâ totus truncus intenſè rubet cum voce raucâ, et anginâ ulceroſâ, imò in quibuſdam gangrænoſâ. Noſol. Med. Cl. III. 9. 6.

Dr. Grant deſcribes the Scarlatina anginoſa under the title "Angina eryſipelatoſa," and carefully diſtinguiſhes it from the Angina maligna. He ſays, "The

* See Giornal. di Medicin. t. II. 29.

pain in the head, and down both ſides of the neck, is common to both; the feel as of pepper in the throat, the anxiety, reſtleſſneſs, and oppreſſion, are ſimilar in both: the purple colour of the parts firſt affected, the redneſs or fluſhing of the ſkin, and the ſwelling of the hands and fingers, I have alſo ſeen in the Angina eryſipelatoſa. In carefully comparing theſe two diſeaſes, at the ſame time in different ſubjects, I obſerved that the ſpecks in the Angina maligna were more like a ſmall ulcer, the edges round the ſpecks thicker, and as if they were more circumſcribed, the ſlough thick and quite opake: the ſkin all round, although diſcoloured, is not excoriated: whereas the other is a true eryſipelas, and general excoriation as far as it extends; upon which are to be ſeen, in different places, broad patches of a thin, grey, film, which gradually ſpread, but do not feſter and undermine as the ulcers of the Angina maligna do. Although the tonſils are ſwelled in both, yet the oblong external ſwellings at the horns of the hyoides were moſt conſiderable in the Angina maligna: ſo that the Angina eryſipelatoſa is a large excoriated ſurface, full of ſmall, red, angry papillæ, and covered here and there with a grey film of irregular ſhape and ſize*." Dr. Grant concludes that this Angina eryſipelatoſa is the ſame diſeaſe as the Febris anginoſa of Huxham: See page 314. From one of his caſes it alſo

* Grant on Fevers, vol. II. 129. See the cases which exhibit several varieties of the Scarlatina.

appears

appears that the Angina eryſipelatoſa and Angina maligna may be produced by the ſame contagion. P. 136.

De Haen furniſhes a caſe in which two perſons of the ſame family were affected with the ſimple Scarlatina, while the reſt had the Scarlatina anginoſa with different degrees of malignity. He repeats the obſervations made at the Hague, in 1748, reſpecting the peculiar virulence of this diſeaſe: "Tanta eſt frequenter ejus pravitas, ut in gangrænam ſphacelumque, et fauces convertat, et buccas, et linguam, oſſa in cariem vel diſſolutionem, univerſum cruorem in mephitim*."

The Daniſh phyſicians noticed three varieties of the Scarlatina, at Copenhagen, in the year 1777. In the firſt, an efflorefcence took place over the whole ſurface of the body: the diſeaſe affected children, and ſeldom continued more than four days: ſometimes, however, it terminated by a diſcharge from the ear, or by indolent ſwellings of the parotid glands, which ſuppurated, and proved fatal after five or ſix weeks. In the ſecond ſpecies, the throat was much inflamed and ſwelled, and the eruption appeared on the ſecond, third, or fourth day, in red patches of different forms, chiefly about the joints. In the third ſpecies, the

* Rat. Medend. Contin. p. 44. Cas. 1. & page 134. See above, page 329. Compare Kerchvogel. Diar. Med. Pract. cap. 3. page 29.

throat

throat was affected without any eruption on the ſkin. See Act. Med. Soc. Havnienſis, vol. II.

Prof. Lorry's elaborate hiſtory of this diſeaſe, which he calls an "univerſal Eryſipelas," is given in the Hiſt. de la Societé Royale de Medicine, tom. II. and very nearly coincides with the account quoted from Ballonius, above, page 292-3.

Dr. Withering, after ſtating the uſual appearances of the diſeaſe, thus deſcribes the "fatal form which it too frequently aſſumed. "In children, the delirium commenced within a few hours after the firſt ſeizure. The fleſh was intenſely hot; the ſcarlet colour appeared on the firſt or ſecond day, and they died very early on the third. In others who eſcaped this rapid termination, when the ſcarlet colour turned to brown, and their recovery might have been expected, the pulſe ſtill remained feeble and quick, the ſkin became dry and harſh, the mouth parched, the lips chopped and black; the tongue hard, dry, and dark brown; the eyes heavy and ſunk: they expreſſed an averſion to all food, and extreme uneaſineſs upon the leaſt motion or diſturbance. Thus they laid for ſeveral days, nothing ſeeming to afford them any relief. At length a clear, amber-coloured matter diſcharged in great quantities from the noſtrils, or the ears, or both, and continued ſo to diſcharge for many days. Sometimes this diſcharge had

had more the appearance of pus mixed with mucus. Under these circumstances, when the patients did recover, it was very slowly: but they generally lingered for a month or six weeks from the first attack, and died at length of extreme debility."

"In adults, the rapidity of the fever, the delirium, &c. was such that they died upon the fourth or fifth day, especially if a purging supervened. Some survived to the eighth, or to the eleventh day: in all these the throat was but little affected: the eyes had an uncommon red appearance, not that streaky redness which is evidently occasioned by the vessels of the cornea being injected with red blood, but an equable shining redness, resembling that which we remark in the eye of a ferret. But notwithstanding this morbid appearance in the eye, the strongest light was not offensive. This redness might often be discovered by lifting up the upper eyelid, some hours before it shewed itself in the part of the eye that is usually visible; and it was of some consequence to attend to this circumstance, as it greatly influenced the event of the case."

"These patients were extremely restless, clamorous, and desirous to drink; but after swallowing one or two mouthfuls, upon taking another, they seemed to forget to swallow, and let it run out at the corners of the mouth; whilst others spurted it out with considerable force, and were very angry if urged to drink again. In these cases, the scarlet colour appeared very soon

ſoon after the attack, but in an unſettled irregular manner, large blotches of red intermixing with others of white, and theſe often changing places.—Beſides the full ſcarlet colour deſcribed above, there were frequently ſmall circular ſpots of a livid colour, about the breaſt, knees, and elbows. The pulſe from the very beginning was ſo quick, ſo feeble, and ſo irregular, that it was hardly poſſible to count it for half a minute at a time.——It is needleſs to add, that the greater part of thoſe who laboured under theſe dreadful ſymptoms died. A few recovered, and others fell into a ſtate of debility bordering upon ideotiſm, from which they were reſcued by time and generous living.——In one patient, a man, the jaw was ſo perfectly locked upon the third day, that it was impoſſible to get any thing down his throat; and he died early upon the fifth day." Page 18, 21.

I met with a caſe ſimilar to the laſt recorded by Dr. Withering. A man thirty-two years of age was affected with the Scarlet Fever, May 24, 1786. His throat was, on the 26th, ſo much ſwelled and ſo painful, that he was unable to drink: ſoon afterwards his jaw was completely locked: he became delirious, and died ſuddenly on the 28th in the night.

Dr. Johnſtone, in 1778, obſerves*, "The ſcarlet

* Remarks on the Angina, and Scarlet Fever, of 1788. Mem. of Med. Soc. vol. III. page 355.

eruption

eruption was a much more frequent ſymptom, and attendant of this diſeaſe, than it used to be when I firſt became acquainted with it, near thirty years ago: (See above, page 331). The patients' fever and dangerous ſymptoms generally ran high in proportion as the effloreſcence was more or leſs diffuſed, and of a deeper eryſipelatous red colour. The patient, for the moſt part, vomited, and was purged, on the firſt day of ſeizure: the efflorefcence appeared on the ſecond, and about the fourth day, began to diſappear; though it ſometimes both appeared later, and continued longer. The palate, and glands of the throat were intenſely red, and ſwelled in the ſame degree with the face, and other parts of the body. White ulcers often appeared from the very beginning, on the tonſils, uvula, and palate, and a thin acrid ichor flowed from the eyes and noſtrils. But the ulcers, and this ichorous running, were more generally obſervable about the third or fourth day, or later; and when the diſeaſe took a favourable turn, health began to return after the ſixth or ſeventh day; if otherwiſe, the patient died about that time."

In the populous town of Newcaſtle, during the ſame year, Dr. Clark obſerved, and has deſcribed, a Scarlatina, with the uſual varieties, which it exhibits when it is epidemical. He ſays that "Some patients had an

 eryſipe-

eryfipelatous inflammation of the throat without ulceration: others had ulcerations of the tonfils without any rafh; and fome had the fcarlet eruption and fever, without any affection of the throat*."

"When the difeafe was malignant, the floughs increafed; the maxillary and parotid glands fwelled; the eyes became dull and heavy; the face and neck were often bloated and œdematous; and the patient either laboured under inquietude, delirium, or coma. In the milder cafes, after the fkin began to peel off, the fever fubfided, the ulcerations healed, and the patients were fpeedily reftored to health. Several, however, who had the difeafe in a mild manner, fell into anafarcous fwellings, and the true hydrops pulmonis, or dropfy of the cellular fubftance of the lungs. Some, after fhewing figns of recovery, kept drooping, and though free from fever in the day-time, paffed hot and reftlefs nights. In fuch cafes, the countenance looked pale, the face puffy, and the maxillary or lymphatic glands of the neck continued fwollen. Pale thin matter ran from the nofe and ears; and at laft fuppuration took place in the euftachian tube, which deftroyed the tympanum; and fome patients loft the auditory bones. When the fick applied late for affiftance, the inflammation communicated to the trachea and lungs, occafioning hoarfenefs, inceffant cough, wheezing and

* Compare Dr. Huxham, page 111.

rattling

rattling respiration. I saw several miserable objects, who had survived to the fourteenth day, with ulcerations which had perforated the velum pendulum, and with excoriations of the mouth, lips, and parts near the anus. The length of the disease was uncertain: there was seldom any sensible crisis. Some soon recovered: others had no favourable sign till the twelfth or sixteenth day. Five only, that I attended, died on the eighth day, four on the ninth, and in all the other cases which proved fatal, the patients protracted their miserable existence to the thirteenth, fifteenth, sixteenth, seventeenth, and sometimes to the nineteenth day of the disease, when it was not succeeded by dropsical swellings. Soon after death, the bodies of all those whom I examined became of a livid or violet hue; and putrid gore sometimes issued from the mouth and nostrils." Page 210.

Dr. Clark has given a tabular view of the cases under his care in 1778 and 1779, from which it appears, that children under ten years of age were most liable to the disease*; that under twenty years of age, the number of males and females was almost equal: but that above this period, the number of females greatly exceeded that of the males†; a circumstance which may be easily accounted for, when it is considered that the

* See Dr. Withering, page 25.

† Compare Dr. Sims, page 438.

former were more expoſed to contagion, from being employed in attending the ſick.

TABLE.

Ages.	Males.	Females.	Total.	Months.
				1778.
Under 1 Year	6	1	7	June . . . 14
From 1 to 10	44	47	91	July . . . 6
10 to 20	12	13	25	August . . 18
20 to 30	4	14	18	September 33
30 to 40	0	2	2	October . 34
40 to 50	0	3	3	November 12
				December 15
				1799.
				January . 2
				February 1
				March . . 5
				April . . . 1
				June . . . 4
				August . . 1
	66	80	146	146

He obſerves further, that of 131 patients, 75 had the Scarlet Fever with a mild ulcerated Sore-throat; that in 33, the diſeaſe occurred with every diſtinguiſhing ſymptom of the Angina maligna; and that, in 23 caſes, it was ſucceeded by dropſy. He adds, with propriety, "When it is conſidered that great numbers had the diſtemper in ſuch a mild manner as to require no medical

dical affiftance, and that application was only made for the advice of a phyfician, when the patients were feverely attacked, perhaps the malignant cafes ought not to be eftimated higher than as one to twenty, in all who took the difeafe."

The following table exhibits the number of cafes which occurred, under the different forms of the difeafe, in my own practice, during the year 1786.

TABLE.

Scarlatina simplex.		Scarlatina anginosa.	Scarlatina maligna.	Sore-throat without eruption on the skin	
1786. April . . .	0	3 . . .			
May . . .	6	10 . . .	2		
June . . .	4	12 . . .	1	4 . . June.	
July . . .	2	11 . . .	1	3 . . July.	
August .	1	17 . . .	4	4 . . August.	
September	2	29 . . .	9	12 . . September.	
October .	3	24 . . .	5	7 . . October.	
November	0	38 . . .	12	10 . . November.	
December	0	8 . . .	5	2 . . December.	
Total	18	152	39	42	251

In Dr. Rufh's Medical Inquiries and Obfervations, we are informed that "After great and fudden changes of temperature during the fummer of 1783, the Scarlatina anginofa became generally epidemic at Philadelphia in the month of September. In moft of the patients who were affected by it, it came on with a chillinefs and

and ſickneſs at the ſtomach, or a vomiting, which laſt," he ſays, "was ſo invariably preſent, that it was with me a pathognomonic ſign of the diſeaſe. The matter diſcharged from the ſtomach was always bile."

"The ſwelling of the throat was in ſome inſtances ſo great, as to produce a difficulty of ſpeaking, ſwallowing, or breathing. In a few inſtances, the ſpeech was accompanied by a ſqueaking voice, reſembling that which attends the Cynanche trachealis. The ulcers on the tongue were deep, and covered with white, and in ſome inſtances with black ſloughs. In ſeveral caſes there was a diſcharge of a thick mucus from the noſe, from the beginning; but it oftener occurred in the decline of the diſeaſe, which moſt frequently happened on the fifth day."

"I ſaw two caſes of eruption without a ſingle ſymptom of ſore-throat. The face in one of thoſe patients was ſwelled as in the Eryſipelas. In the other, a young girl of ſeven years old, there was only a ſlight redneſs of the ſkin. She was ſeized with a vomiting, and died delirious in fifty-four hours. Soon after her death, a livid colour appeared on the outſide of her throat. I can recollect but few caſes which were attended with diarrhœa. The fever which accompanied the diſorder was generally the Typhus mitior of Dr. Cullen. In a few caſes, it aſſumed the ſymptoms of the Typhus gravior. The diſeaſe frequently went off with a ſwelling of the hands and feet. I ſaw one inſtance in a gentle-

gentlewoman, in whom this ſwelling was abſent, who complained of very acute pains in her limbs, reſembling thoſe of rheumatiſm."

"In two caſes which terminated fatally, there were large abſceſſes, the one on the outſide, and the other on the inſide of the throat. The firſt of theſe caſes was accompanied by troubleſome ſores on the ends of the fingers. One of theſe patients lived twenty eight, and the other above thirty days; and both appeared to die from the diſcharge which followed the opening of the abſceſſes."

"Between the degrees of the diſeaſe which I have deſcribed, there were many intermediate degrees of indiſpoſition which belonged to this diſorder. I ſaw, in ſeveral caſes, a diſcharge from behind the ears, and from the noſe, with a ſlight eruption, and no ſore-throat. All theſe patients were able to ſit up and walk about. I ſaw one inſtance of a diſcharge from the inſide of one of the ears in a child, who had ulcers in his throat, and the squeaking voice. In ſome, a pain in the jaw, with ſwellings behind the ear, and a ſlight fever, conſtituted the whole of the diſeaſe. In one caſe, the diſeaſe came on with a coma, and in ſeveral patients, it went off with this symptom. A few inſtances occurred of adults, who walked about, and even tranſacted buſineſs, until a few hours before they died."

"Such was the prevalence of the contagion which produced the Scarlatina anginoſa, that many hundred

people

people complained of Sore-throats without any other ſymptom of indiſpoſition. The ſlighteſt occaſional or exciting cauſe, particularly cold, ſeldom failed of producing the diſorder. The month of October was much cooler than September, and the diſeaſe continued, but with leſs alarming ſymptoms. In ſeveral adults who were ſeized with it, the hardneſs of the pulſe indicated bloodletting. The blood in one caſe was covered with a buffy coat, but beneath it's ſurface it was diſſolved. In the month of November, the diſeaſe aſſumed ſeveral inflammatory ſymptoms, and was attended with leſs danger than formerly. I viſited one patient whoſe ſymptoms were ſo inflammatory as to require two bleedings. During the decline of the diſeaſe, many people complained of troubleſome ſores at the ends of the fingers. I ſaw one caſe of Sore-throat which was ſucceeded not only by ſwellings in the abdomen and limbs, but by a Catarrh, which brought on a fatal Conſumption. In December, January, and February, the weather was exceſſively cold, the thermometer being ſometimes below 0 on Fahrenheit's ſcale. For a few weeks in the beginning of December, the diſeaſe diſappeared in the circle of my patients; but it broke out, with great violence, the latter end of that month, and in the January following. Some of the worſt caſes that I met with (three of which proved fatal), were in thoſe two months. The diſeaſe diſappeared in the ſpring, but it ſpread afterwards through

through the neighbouring ſtates of New Jerſey, Delaware, and Maryland."

"This diſeaſe has prevailed in Philadelphia at different ſeaſons ever ſince the year 1783. It has blended itſelf occaſionally with all our epidemics. There often appeared to be effuſions of water, not only in the limbs and abdomen, but in the thorax. A number of people were affected with ſudden ſwellings of the lips and eyelids, of the cheeks and throat: at the ſame time, many were affected by an inflammation of the eyes. The ſwellings generally came on in the night, were not attended with much pain, and went off in two or three days. In the autumn of 1788, it appeared in two inſtances with an obſtinate diarrhœa; but it was in young ſubjects, and not in adults, as deſcribed by Dr. Withering. In both caſes, the diſeaſe proved fatal, the one on the third, the other on the fifth day. In December, I ſaw one caſe in which a running from one of the ears and a deafneſs came on, on the fifth day, immediately after the diſcharge of mucus from the noſe had ceaſed. This caſe terminated favourably on the ninth day, but was ſucceeded for ſeveral days afterwards by a troubleſome cough."

Having already made many quotations from the other authors, mentioned page 334, I will proceed to make ſome obſervations on the method of treatment in the different forms of Scarlatina. For the Scarlatina ſimplex,

plex, it ſeems only requiſite to keep patients in a moderate and equable temperature, in clean open apartments; to preſcribe light diet without animal food; and to give cooling liquors for drink. When there is no morbid appearance, or uneaſineſs, in the throat, our chief care ſhould be to prevent needleſs applications; ſince, according to Dr. Sydenham's obſervation, "None die of this diſorder except from a too great officiouſneſs in the practitioner*." The ſame author recommends one or two gentle purgatives after deſquamation. He alſo mentions epileptic convulſions, and coma, as frequent appearances at the beginning of the diſeaſe, which he relieved by bliſters, and repeated doſes of diacodium.

2. In the Scarlatina anginoſa, phyſicians on the continent have recommended bleeding † from the arm, or, when the head is much affected, from the jugular veins. Dr. Morton ‡ adopted the ſame practice in moſt of the caſes he attended even in London. Blood-

* Nimiâ medici diligentiâ. sect. VI. cap. 2.

† De Haen, Navier, Plenciz, Aaskow, Eichel, De Meza, &c. &c. In epidemiâ Havniensi subindè dabatur locus venæsectioni, sc. in plethoricis, et ubi pulsus durus, cum aliis inflammationis signis, atqui ubi putredinis criteria minus tuta erant. De Meza, Compend. Medic. Pract. vol. I. c. 18.

‡ De Febr. inflam. universal. cap. 5.

letting

letting has been alſo recommended in the northern parts of our iſland, where the diſeaſe is ſaid to aſſume ſomewhat of an inflammatory form. The Medical Eſſays * ſtate, that in the epidemic Scarlatina of 1733 at Edinburgh, "few died who were timely and plentifully blooded, which weakened the fever, relieved the throat, and was the only medicine that removed the vomiting and diarrhœa."

During the years 1785, 1786, 1787, and ſince, when the Scarlatina anginoſa was epidemical in the metropolis, I never ſaw a caſe in which blood-letting appeared to be indicated. Wherever it had been employed, great depreſſion and faintneſs were the immediate conſequences, the pulſe becoming more weak and frequent, and often irregular. Of two adults who had been bled largely, one died before the time of deſquamation, the other lingered in a very precarious ſtate upwards of twenty days, but at length recovered. The experience of Dr. Withering, Dr. Clark, and Dr. Sims, on

* Vol. III. p. 27. See Cullen's Pract. of physic, § 671. Dr. Huxham says, "In the Febris anginosa, they bore bleeding at the beginning with advantage, and the blood was often sizy, though much less so in general than in quinsies of the truly inflammatory kind: they very seldom, however, admitted of large bleeding; scarce any, indeed, of a second."

Dr. Cotton's observations in 1748 nearly coincided with those of Huxham.—Compare "Observations on the Sore-throat and Fever in the north of Scotland, 1777, by Robert Saunders, M. D. Physician at Bamff."

 this

this point, agrees exactly with mine. Dr. W. obſerves, "Such was the ſtate of the pulſe, with us, during the hot ſummer months, that I never ſaw a caſe in which blood was taken away: nor would it be eaſy to conceive with what view the boldeſt, or the moſt ignorant practitioner would have dared to attempt it; for in thoſe caſes where the inflammation upon the ſurface was very great, the loſs of blood could only contribute to the further depletion of the larger veſſels, and thereby increaſe the debility and faintneſs which already exiſted in a moſt alarming degree: for the ſmall veſſels accumulating the blood more in conſequence of their own action, than from the pulſe of the heart, would not be affected by the uſual mode of blood-letting; and the extent of the inflammation was much too great to allow us to have recourſe to topical bleedings. Sometimes where the fiery redneſs of the eyes, and the ſtate of delirium, ſeemed to demand the application of leeches to the temples, I have ſeen them applied, but never with any good effect. In one inſtance, where the conſtant rejection of every thing that was ſwallowed, even ſimple water, and the pain in the ſtomach during the efforts, ſeemed to indicate an inflammation in that organ, blood was taken away, notwithſtanding the feebleneſs of the pulſe. This blood was ſizy. The bleeding was repeated; but no very evident advantage accrued to the patient. I think therefore we may conclude, that when the ſcarlet colour upon the ſkin is intenſe,

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we cannot expect to benefit either from topical or general bleedings.—In the autumn, when the ſcarlet colour of the ſkin was ſeldom intenſe, and often did not appear at all, the tumefaction of the fauces was generally much greater, and the pulſe conſiderably more firm. In this caſe, if the patient was threatened with ſuffocation, if violent head-ach, or if peripneumonic ſymptoms pointed out the expediency of blood-letting, it was ſometimes done; but ſtill with leſs advantage than one would have expected in almoſt any other ſituation." Page 73—5.

Purgatives have nearly the ſame debilitating effect as blood-letting. They are indeed very ſeldom neceſſary; for though a few patients may, on the firſt day, be affected with bilious vomiting and diarrhœa, the ſtate of the bowels is more uniform * than in other febrile complaints. It has alſo been remarked that no hardneſs or tenſion of the abdomen occurs at an early period of the diſeaſe.

* See Dr. Withering, page 17. Dr. Sims says, "They were almost never either costive or purged." Memoirs of the Med. Soc. p. 403. He nevertheless ordered rhubarb and sal polychrest in equal proportions, so as to produce two motions every day.—I think the occasional stimulus of a small dose, as two or three grains, of calomel very useful. On the first attack of the disease, I have usually added an equal portion of antimonial powder.

Emetics

Emetics are recommended by the beſt writers on this ſubject*. I have not found it neceſſary to repeat them ſo often as Dr. Withering adviſes; but I think that all he has ſaid reſpecting their uſe and application merits particular attention. "In the very firſt attack, a vomit ſeldom fails to remove the diſeaſe at once:—If the poiſon has begun to exert it's effects upon the nervous ſyſtem, emetics ſtop it's further progreſs, and the patients quickly recover. If it has proceeded ſtill further, and occaſioned that amazing action in the capillaries, which exiſts when the ſcarlet colour of the ſkin takes place, vomiting never fails to procure a reſpite to the anxiety, the faintneſs, and delirium." "In autumn, when the throat was more affected, when the tumefaction of the fauces was ſuch that the patients could not ſwallow but with the utmoſt difficulty—when the peripneumonic ſymptoms threatened ſuffocation, and bleeding was ineffectual, an emetic opened the gullet, and unloaded the lungs, ſo that deglutition became eaſy, and reſpiration free. But it is neceſſary to add, that a vomit only ſufficiently ſtrong to evacuate the contents of the ſtomach, is by no means adequate to theſe effects. The vomit muſt be powerful, and in ordinary caſes repeated once in forty-eight hours; in thoſe with more urgent

* Burserii Institut. tom. II. page 72, § LXXXIII. See the striking passage on this subject, quoted above from Tournefort, page 287.

ſymptoms

ſymptoms daily; and in the worſt caſes twice in twenty-four hours. The patients never fail to expreſs the relief they find after the operation, and the phyſician ſoon diſcovers it in the countenance, and in the pulſe. As to the form of the emetic, the practitioner may vary it as he pleaſes; but I generally combine tartar emetic in ſolution with ipecacuanha in powder, that I may be more certain of their full effect on the ſtomach, and avoid the danger of their acting as a purgative. I alſo give them in much larger doſes than uſual, in order to ſecure a certain violence of action upon the ſyſtem." Page 75-8.

Dr. Ruſh ſays, "In every caſe that I was called to, I began the cure by giving a vomit, joined with calomel*. The vomit was either emetic tartar or ipecacuanha, according to the prejudices, habits, or conſtitutions of the patients. A quantity of bile was generally diſcharged by this medicine. Beſides evacuating the contents of the ſtomach, it cleanſed the throat in it's paſſage downwards. To inſure this effect from the calomel, I always directed it to be given mixed with ſyrup, or ſugar and water, ſo as to diffuſe

* He observes in another place, that "When the Scarlatina appeared to be in a forming state, a vomit of this kind never failed of completely checking the disorder, or of so far mitigating it's violence, as to dispose it to a favourable issue in a few days."

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it, generally, over every part of the throat. The calomel ſeldom failed to produce two or three ſtools. In ſeveral caſes I was obliged, by the continuance of nauſea, to repeat the emetic, and always with obvious and manifeſt advantage. I gave the calomel in moderate doſes in every ſtage of the diſorder. To reſtrain it's purgative effects, when neceſſary, I added to it a ſmall quantity of opium."

Dr. Binns, having an opportunity of ſeeing the children at Ackworth from the commencement of the diſeaſe, gave an emetic almoſt in every caſe, and ſometimes repeated it after twelve or twenty-four hours. When the patients were extremely languid, he gave wine, or liquor volatilis cornu cervi, before the emetic or during it's operation. He adds, "My acknowledgments are due to Thomas Oxley, of Pontefract, not only for his frequent attendance, but for his removal of a prejudice againſt laxatives in the early ſtage of the diſeaſe, imbibed from various authors, and confirmed by the dreadful conſequences I had ſeen when a diarrhœa came on in this Fever. By his perſuaſion, ſmall doſes of Calomel, and other laxatives, were occaſionally adminiſtered*; and ſo far from producing

* This practice was more boldly enforced by a phyſician at Ipswich, when the "Ulcerated Sore-throat and Scarlet Fever" prevailed there in 1772. He made a powder, with Pulv. Ant. p. 3. Calom. p. 1. of which the

ducing injury, I believe that by evacuating the acrid matter, which is often ſwallowed, they had a tendency to prevent excoriations of the inteſtinal canal, and the conſequent diarrhœa, which I dreaded. But it ſhould be remarked that particular care was taken to ſupport the patient during the operation."

In caſes of Scarlatina anginoſa where the throat is inflamed, and ſwelled, ſo as to occaſion very painful deglutition, bliſters applied between the ſhoulders, or to the external fauces, afford conſiderable relief. Dr. Clark obſerves, "In regard to bliſters, meeting with an inſtance where their application was ſucceeded by mortification, I did not often apply them to the throat; but in ſeveral caſes, where the inflammation of the fauces was great, they were of advantage when applied to the nape of the neck*." Dr. Withering, from his experience in the diſeaſe at Birmingham, decided againſt the uſe of bliſters. He ſays, "If the brain was affected ſoon after the attack, they

the dose was from 10 to 30 grains. To children he gave calomel alone, in the same quantity. A julep was at the same time prescribed, with an ounce of Manna, and a drachm of Cr. Tart. in half a pint of water;—the dose three table spoonfuls six times a day. Of three hundred persons, thus treated, none died. See Gent. Mag. for June, 1772.

* Dr. Rush says the same. He applied blisters to the neck, or behind the ears on the third day. See also Dr. Sims, p. 325.

did much miſchief; but if the inflammation was pretty much confined to the fauces, a bliſter was frequently applied round the throat, but with leſs advantage than the practice in Quinſies, ulcerated Sore-throats, and other local inflammations, would teach one to expect*." Page 91.

It is proper to enjoin the regimen directed for the ſimple Scarlet Fever, page 350. As we obſerve the Scarlatina anginoſa to be generally mild in ſpring and ſummer, but ſevere during the winter months, we may infer that a heat of about 60°, preſerved in the apartments of the ſick, will be moſt agreeable and beneficial to them†.—In the firſt ſix days of this diſeaſe, many practitioners endeavour to excite perſpiration by antimonials, camphor, aromatics, dulcified ſpirits, and volatile alcali ſaturated with vinegar, or juice of lemons.

* "As blisters excited considerable irritation, they were only applied when there was a comatose disposition, much pain in the ears, or an enlargement of the parotids." Dr. Binns.

"If the disease prevail in any of the summer months, blisters can hardly be used with safety." Kearsley.

† "Cold air is always found to be prejudicial, either by protracting the disease, or by throwing it on the lungs, or on some other part necessary for life. It has been frequently observed, that if persons seemingly recovered, and freed from all the manifest symptoms of the disease, went into the cool air, before the putrid heat or ferment was quite exhausted, they had relapses." C. Colden, Med. Obs. & Inq. I. page 218. and Dr. Withering, pag. 294-5.

lemons*. If the efflorefcence be full and vivid, fuch remedies, for the moft part, fail to produce their ufual effect, and often increafe the heat, anxiety, and reftleffnefs, they were intended to relieve. The experience of Dr. Currie, fupported by that of Profeffor Gregory and other practitioners, fully evinces the falutary effects of the repeated affufion of cold water, during the eruptive ftage of Scarlatina†. Phyficians in London, who are feldom allowed by the patients' friends to employ the cold affufion, either in the Typhus or Scarlet Fever, have been induced to fponge

* Dr. Huxham, page 114. Dr. Fothergill, page 54. Dr. Grant, 24, &c. Plenciz, De Scarlatinâ. Act. Hafn. tom. II. &c. Med. Obs. and Inq. vol. I. page 219. Dr. Blackburne, page 27.—I never succeeded in the endeavour to excite perspiration, before the decline of the efflorescence. When sudorific medicines and oppressive coverings are applied, they produce an universal miliary eruption, and aggravate the febrile symptoms.

† See Dr. Currie's Medical Reports &c.—The author justly reprobates the conduct of those who adopted his practice without attending to his principles, and prescribed the cold affusion in Fevers, when the constitution was sinking under the long-continued influence of contagion, or other causes. This inconsiderate mode of practice having been, in many cases, attended with fatal consequences, an alarm was early excited, which yet prevents the inhabitants of London, and, I believe, of many other places, from experiencing the benefit of a most powerful remedy.—It is unnecessary for me to make quotations from Dr. C.'s Treatise, which will be circulated much more extensively than my own.

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the whole ſurface of the body frequently with vinegar and water. During a hot ſeaſon, or whenever the heat of the ſkin is much increaſed (ſee page 264), the patient is greatly refreſhed by this application, the pulſe becomes more ſteady, the heat and fever abate, and a calm ſleep uſually ſucceeds*.

I have of late given, at an early perid of the diſorder, Oxygenized Muriatic Acid, which, when it is accurately prepared, appears to be very beneficial. The doſe for adults is half a drachm by meaſure, for children ten or twelve drops. Before this medicine is uſed, it's ſtate ſhould be aſcertained by a chemical

* "The Scarlet Fever prevailed among the children at the Foundling Hospital, from the end of June to the middle of October, 1804. Fifty-two boys, and nineteen girls, were affected with it. Three boys died of the fever; a fourth died dropsical some time after being dismissed from the infirmary. Most of the patients were repeatedly washed with cold water and vinegar, mixed in about equal proportions. Only the hands and arms were washed in those who had no considerable heat of the skin, but when the heat became excessive, the washing was extended to the trunk of the body, and to the lower extremities. It's effects in cooling the skin, diminishing the frequency of the pulse, abating thirst, and disposing to sleep, were very remarkable.—Finding this application so highly beneficial, I employed it at every period of the fever, provided the skin were hot, and dry." Dr. Stanger.

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teſt*, ſince it is ſoon decompoſed by expoſure to the air, or to light: it then becomes rough and offenſive to the ſtomach, ſo as often to produce violent ſickneſs, pains of the bowels, and diarrhœa†.

* "The oxymuriatic acid should contain as much of the gas as water can absorb under the common pressure of the atmosphere, and at a temperature of from 50° to 60°. To a tubulated retort, adapt a quilled receiver, connected with the three bottles of Woolf's apparatus, each bottle being half filled with water. The retort is to be charged with three parts of muriatic acid, and one part of the black oxide of manganese in powder: all the junctures must be closely luted: a very gentle heat from a lamp will be sufficient to expel the oxymuriatic acid gas: much heat should be carefully avoided. All the common muriatic acid gas will be arrested by the water in the first bottle. The oxymuriatic gas is retained in the second and third bottles. By a similar process, this gas may be obtained from the oxygenized muriate of potash and muriatic acid; but it cannot be correctly prepared otherwise than by distillation. When litmus paper is plunged into the true oxymuriatic acid, it is deprived of colour; but if common muriatic be present, the paper will instantly receive a red tinge, and thus ascertains that the preparation is unfit for medical use."

W. Allen.

† "At the Foundling Hospital, one drachm of the oxygenized muriatic acid mixed with half a pint of water was given, every twenty-four hours, to children under six years of age. Children more advanced took nearly double the quantity in the same time. This remedy appeared to be cooling, and antiseptic. It was taken without repugnance, and in the doses above-mentioned, did not produce any uneasiness in the stomach, or bowels." Dr. Stanger.—See Med. & Phys. Journal, No. 62.

Dr. Sims found particular advantage from Vitriolic Acid, given in confiderable dofes: he fays, " My common prefcription was, two ounces of tincture of rofes, a drachm of fyrup of lemons, and twenty drops of fpirit of vitriol, or as much as could be added to the tincture, without making it too highly acid for the patient it was prefcribed for. This draught was ordered to be taken by an adult every hour and half, or every hour, and even oftener, according to the exigency of the cafe. And even children, from two to three years old, have fwallowed much above two hundred drops of the acid in twenty-four hours." Page 419.

Dr. Withering thinks that Diuretic medicines, next to emetics, are moft to be depended upon in the cure of the difeafe. He found the vegetable fixed Alcali to anfwer beft: a fmall quantity was put in every liquid the patient drank, fo that the whole might amount to one or two drachms of the falt, every twenty-four hours. Page 83-4.

Acidulated Gargles appear to remove, and fometimes to prevent, the affection of the throat in perfons expofed to contagion: fee page 269: when the difeafe has commenced, they carry off the virus with which the faliva is tainted*. In Dr. Binns's opinion, " Gargles

* See Dr. Fothergill, page 63.

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are of ſo much importance, that they can ſcarcely be uſed too often": "To them, he ſays, "it was chiefly owing that few of the children at Ackworth ſchool had a diarrhœa, or any affection of the inteſtinal canal. When patients could not gargle in the uſual way, the liquor was injected by a ſyringe; this, though frequently repeated, never appeared to produce the leaſt inconvenience. I began with the acidulated infuſion of Red Roſe leaves; but the roſes being ſoon conſumed, I had recourſe to the Decoct. Hæmatoxyli, and laſtly to the following; R. Decoct: cort: Querc: cong. xii. Alum: commun: lbjſs. Solve, fiat gargariſmus. It was hoped this gargle would have been ſerviceable in reducing the ſwelling of the tonſils, which remains after the diſeaſe; but the trial terminated in diſappointment. An infuſion of Cayenne pepper was alſo tried with the ſame intention, but had not any material effect."

Reſpecting the uſe of Peruvian Bark and Wine, the ſame gentleman expreſſes himſelf as follows: "As ſoon as the ſtomach was ſettled after an emetic, ſee page 356, I generally began with the following mixture, R: Pulv: Cinchonæ unc. j. Pulv: aromat: dr. ij Vini rubri lbij. When this had been uſed about ſix weeks, I ſubſtituted for the Aromatic powder ſome Canella alba, with one drachm of powdered ginger, which ſeemed to anſwer equally well. A child of ten years old would take

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about three table-ſpoonfuls of this mixture four, five, or ſix times, in twenty-four hours. Thoſe who were very ill, took in addition, from a pint to a pint and a half, or even more, of red port wine, or of a compoſition*, which was not unpalatable, which agreed well with the children, and was a conſiderable ſaving to the Inſtitution. Another remedy was an infuſion of Red Roſe-buds in decoction of Peruvian Bark, ſweetened with extract of liquorice, and acidulated with Vitriolic acid: to this was occaſionally added ſimple, or compound, tincture of Bark. In extreme caſes, the extract and compound tincture of Bark, with a little Ammonia, and ſometimes Aromatic confection, were made into a mixture with peppermint water, a doſe being given every half hour.—Such as were but ſlightly affected generally drank treacle-beer made with ginger in it, ſmall ale, and ſometimes cyder, ſage-tea acidulated with vitriolic acid, and almoſt every other drink that was agreeable to them. New milk, and every nutritious food, both animal and vegetable, were allowed as the patients could take them. It is impoſſible to ſpecify, with certainty, the quantity of wine taken by individual patients, but from the general conſumption, when a number of bad caſes occurred together, it ap-

* This was, red port 2 pints, raisin wine 6 pints, decoction of logwood 1 pint, alum 1 ounce, British brandy 8 table-spoonfuls.

peared

peared that children about twelve years of age muſt have taken each a bottle of red port, and a bottle of raiſin wine, in twenty-four hours, for ſeveral ſucceſſive days. In a diſeaſe, the attack of which is apparently inflammatory, this practice may ſeem to add fuel to fire; but I have employed it for many years, with as much ſucceſs as any of my brethren, and I fully experienced it's advantages in the late diſeaſe at Ackworth. I was induced to puſh this plan further than many other practitioners, by obſerving the effect of cordials on the circulation: while the pulſe remained low and fluttering, wine, frequently given, reſtored it's firmneſs, without increaſing delirium. By the ſame means, the fœtor of the breath was corrected, and the ulcerations in the throat greatly relieved. Although the ſtate of the pulſe, and other ſymptoms, were in many caſes ſuch that a ſmall proportion of Bark and Wine were ſufficient, yet in other inſtances the debility was ſo great as to require even the addition of Brandy to the red port. Sometimes ſtrong brandy and water, ſometimes brandy unmixed, was given with comfort and advantage to the patient. No one ſhould, however, be induced to take Spirit as a preventive in Scarlatina, or other epidemic Fevers. Thoſe who wiſh to have the advantage of Spirit when attacked with ſuch diſeaſes, ought never to indulge, during a ſtate of health,

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in what can only be ufed, with propriety, as a medicine."

Whatever opinion may be formed refpecting the above mode of practice during the firft days of the fever, it is generally admitted that, at the decline of the efflorefcence, if the fever alfo declines and is not fucceeded by a cough, Peruvian bark, mineral acids, wine, and nutritious diet, obviate the debility and oppreffive languor, which remain after the difeafe*, and contribute to prevent the acceffion of dropfy†.

* Dr. Sims, however, says, "I found it necessary to change my plan as soon as the height of the disease was passed. This was a point of the treatment as needful to be known, and exactly to be attended to, as any other in the malady; for as soon as the pulse on the sixth day began to fall to the natural standard, if the cordial medicines and regimen were persisted in, or increased, with a view to keep up the sinking pulse, many vexatious or even dangerous consequences ensued: a new fever, often more violent than the first, was raised; a great swelling and inflammation of the tonsils or parotids, with acute pain, came on, and the scarlet eruption re-appeared as copiously as before." Page 422.

Are not the above symptoms referable to the secondary fever, which often takes place independently of the medicinal treatment? See page 277-8.

† Dr. Binns observes, that the disease, when thus treated almost from it's commencement, was "very rarely succeeded by dropsy."

"An infusion of the Bark acidulated with Elixir of Vitriol, may be ranked as the greatest, best, and most sovereign remedy, provided that gentle Emetics, and the cordial Diaphoretics had gone before." Kearsley. Gent. Mag. vol. XXXIX. 522.

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De Haen, and others*, as well as Plenciz (page 335), consider the dropsical stage to be the most fatal period of the Scarlatina anginosa. Their opinion is not confirmed by the experience of practitioners in this country, who have generally found the dropsical symptoms yield to Diuretics combined with Peruvian bark, preparations of Iron, or Calomel†.—I do not mean to infer that my countrymen are successful in this stage of the disease by any peculiar practice. If they have had more success, in the treatment of Scarlatina, than physicians on the continent, I would ascribe it to the general disuse of bleeding and purgatives during the last thirty or forty years, within which period, gan-

* Ex hoc consectario plures moriuntur quam ex morbo primario. De Meza, tom. I. 59.

† Dr. Clark, Dr. Sims, and Dr. Withering, page 199.

Plenciz highly recommends the following prescription of Dr. Weber.

R. Rhàbarb elect.
Spir. Salis coagulati aa dr. ij
Mercurii dulcis
Auri fulminantis
Extracti Scillæ aa dr. ss.

M. fiant pilulæ cum Robo Juniperi, pondere unius alteriusve grani.

The dropsical swellings in every case attended by Dr. Rush, were removed " by purges of Calomel and Jalap."

Small doses of Calomel are allowed, on all hands, to be useful when glandular tumours succeed the Scarlatina anginosa.

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grene and dropſy have been, with us, much leſs frequent occurrences than formerly.

3. In the ulcerated ſcarlet Sore-throat, which affects adults without an effloreſcence on the ſkin (page 273), Emetics, given early, prove of great advantage, and the general treatment recommended in the Scarlatina anginoſa will be found effectual. Gargles, whether acid, or detergent, if very ſharp, or if injected forcibly enough to remove the ſloughs, occaſion much pain, and often protract the diſeaſe. Dr. Wall, Dr. Johnſtone, Dr. Ruſh, and others*, recommend the inhalation of the vapour of myrrh and vinegar. Dr. J. C. Smyth's mode of fumigation, by pouring heated oil of vitriol on powdered nitre in a proper veſſel, is, according to my own obſervation, entitled to a preference. The refreſhing antiſeptic vapour detached by this proceſs, and circulated through the room, preſently clears the patient's throat, and at the ſame time removes the fœtor both of the breath and perſpiration.

* "I have generally ordered the hot steams of vinegar, in which wormwood, centaury, snakeroot, galangal, myrrh, and honey were boiled, to be drawn through a funnel into the lungs. As this vapour acted upon the uvula, tonsils, and fauces, by its antiputrescent and detergent quality, it often saved me the necessity of using any sort of gargarism." Kearsley. Compare Dr. Wall, Gent. Mag. XXI. p. 498.

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4. In the SCARLATINA MALIGNA bliſters are ſeldom uſeful, and ſometimes prove injurious. Withering ſays, they "were univerſally detrimental: they never failed to haſten the delirium, and if the caſe was one of the worſt kind, they too often confirmed it's fatal tendency." Page 89.—Bleeding and purging are always hurtful: a ſtrong cathartic, or even the application of a few leeches to the throat, has been known to produce an immediate ſinking, and ſometimes death within a few hours, in caſes which ſeemed previouſly favourable. Dr. Fothergill was among the firſt to diſcourage this deſtructive practice*. An inſtance of it's effects, quoted above (page 299), from a Spaniſh phyſician, muſt ſtrike a practitioner of the preſent day with horror. From Spain the diſeaſe ſpread into Italy, where under the ſame mode of treatment, it proved univerſally fatal on the ſecond, third, or fourth day of fever: page 265. It is extraordinary that after ſo dreadful a mortality, no phyſician ſhould have thought of inſtituting a different mode of practice. None of them, how-

* Pag. 53-4. Dr. Huxham persevered in blood-letting till the year 1750, though he says, "It will be constantly found that the pulse, as well as the strength, sink vastly after the second or third bleeding, and truly very surprizingly after the first." Dr. Grant was also an advocate for bleeding in Angina maligna, 1770. On Fev. vol. II. p. 104. 124. and on Sore throat, page 26. For the effects of this practice, see M. Chomel's cases, Paris 1749, or Grant on Fevers, vol. II. page 213.

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ever, would recede from the plan or maxims they had adopted, ſo that the honour of arreſting the progreſs of this diſeaſe, and of effecting it's cure, was claimed by a bold empiric*, who attracted general attention by advertiſing a ſpecific remedy, which was merely a cretaceous earth, or bole, ſaid to be the Samian earth recommended by Galen for ulcers of the mouth. We cannot now impute Charamonte's ſucceſs, which was certainly very great, to an inert powder, but muſt refer it to collateral circumſtances. A principal one ſeems to have been, that when the Neapolitans and Sicilians were induced to confide in a ſpecific, they no longer ſubmitted to the uſual purging and bleedings, which, in oppoſition to the whole faculty of Naples, Charamonte decidedly reprobated as the cauſes of the preceding mortality. The event was by no means in favour of medical ſcience at that period; for, ſoon after the trammels of regular practice were ſhaken off, we find that the diſeaſe became leſs frequent, and leſs fatal, though it's name impreſſed terror through many ſucceeding generations.

Dr. Fothergill and Dr. Cotton do not ſtrongly enjoin the exhibition of Emetics in the Scarlatina maligna. Dr.

* See Osservatione del contagioso mal di Canna; Di Girolamo Charamonte, della citta di Leontini. In Napoli, 1637.

Huxham,

Huxham, though very cautious with regard to them, has juſtly obſerved, that "Emetics do not aggravate the pain of the throat in adults, but in general greatly relieve it;" and that, "it was frequently neceſſary to vomit children with a little oxymel of Squills, eſſence of Antimony, or the like, otherwiſe the vaſt maſs of tenacious mucus would have quite ſuffocated them."—A bold and perſevering courſe of Emetics, recommended page 354-5, may be conſidered as the moſt effectual mode of obviating the ſingular malignity of this diſtemper*. When adminiſtered in due time, they very generally prevent the tranſition from the milder to the more virulent forms of the Scarlatina, mentioned page 277, and remove the febrile ſymptoms at the earlieſt poſſible period. In dubious caſes, if powerful doſes of Ipecacuanha, either alone, or combined with tartariſed Antimony, entirely fail to produce their uſual effects, it

* Sed nullibi magis emesis necessaria, quam ubi a miasmate epidemico origo morbi pendere videtur; subtracto enim per vomitum fomite primas vias ingresso, multò mitior morbus evadit. Id in primis perspectum sæpe est in epidemicâ Scarlatinâ cui angina aphthosa, aut gangrænosa adjungitur. Burserius, Inst. Med. Pract. vol. II. § 82.

Kearsley (see page 330) makes nearly the same observations, and adds, "The vomiting being sometimes repeated, and seconded by subacid camphorated diaphoretics, generally maintained the advantage, and effectually checked the discharge from the bowels, which had before well nigh destroyed the powers of life." Compare Tournefort's Remarks, page 287-8.

may

may be concluded that the moſt unfavourable ſtate of the diſeaſe has begun, and that the patient's ſituation is extremely dangerous*.

The nitrous fumigation (page 368), ſeems particularly uſeful in keeping the throat clean, and often ſupercedes the neceſſity of Gargles. Gargles however, contribute to remove the viſcid offenſive matter which encumbers the fauces, and which if ſwallowed, produces diſagreeable effects on the ſtomach and bowels. Thoſe prepared with Contrayerva, according to the directions given by Dr. Fothergill†, are the moſt grateful, and advantageous. It is probable that gargles of a much more ſtimulating quality would afford relief at an early period of this diſorder. Tournefort obſerves, that in the epidemic Sore-throat of infants at Milo (ſee above, page 287), after repeated emetics, a ſolution of ſtyrax in brandy, employed as a gargle, had an excellent effect‡. Navier alſo ſtates, that the progreſs of internal gangrene may be arreſted by a gargle compoſed of oxymel, and camphorated ſpirit made with alcaline

* See Reports on the Diseases in London, page 25.

† On the Sore-throat, page 64. Compare Withering, page 91.

‡ " La solution de styrax liquide dans l'eau de vie est excellente en gargarisme, a cette rencontre."

" The only gargle that I have seen any service from is brandy, with a little water, or frequently without any mixture whatever." Sims, page 424.

ſalt,

ſalt, according to Hoffmann's method. In the Weſt India iſlands, where the Angina maligna appears in the ſame form as in the Levant (page 287), the favourite gargle is made with Capſicum, or Cayenne pepper, which, though productive of much pain, is ſaid to be very efficacious*.

Occaſional immerſions in warm water † are recommended in this form of Scarlatina by ſome practitioners. I never tried the effects of warm bathing, but have obſerved conſiderable advantage from the application of warm vinegar and brandy to the limbs, and to the greater part of the body‡. Dr. Currie remarks, that "the affuſion of cold water is ſcarcely applicable to the Scarlatina purpurata, and that the tepid affuſion makes little impreſſion upon it."—He

* These strong applications do not impede the healing of the ulcers in the Scarlatina maligna; for when there is loss of substance, it is not replaced by granulations as in cases of simple ulcers or sloughs, but the cavities are hastily skinned over, without being filled up, and therefore often remain apparent, through life, on the uvula, tonsils, &c. See Dr. Adams on Morbid Poisons, chap. VI.

† Dr. Withering, page 93.

‡ "As an auxiliary to stop the progress of putridity, bathing the body with very strong warm vinegar, particularly the legs and thighs, throat and breast, was of no inconsiderable use." Kearsley.

adds, "I muſt again enforce the ſuperior advantage of uſing the cold affuſion early in this diſeaſe, and the propriety of aſcertaining that the ſkin is dry, and the heat of the patient greater than natural, in all caſes, eſpecially in ſuch as are advanced, and where, of courſe, the ſtrength is conſiderably impaired." Pag. 458: ſee above 359.

When Emetics have not been exhibited at the proper period, it becomes neceſſary, as the diſeaſe advances, to direct cordials, wine, opium, Peruvian bark, mineral acids, &c. according to the circumſtances of the caſe. The Bark has been particularly recommended by De Haen, Sauvages, Navier, Plenciz, and other phyſicians on the continent. Their opinion is confirmed by the teſtimonies of many Britiſh authors, as Morton, Wall, Cameron, Johnſtone, Huxham, Cullen, Clarke, Percival, &c. Dr. Wall ſays, "When I firſt gave the bark, I was not ſo much directed to it's uſe by the ulcerations in the throat, as by the petechiæ which appeared in the patient; but I was not a little ſurpriſed and pleaſed to find, that this method ſucceeded ſo immediately both with regard to one and the other. I now began to recollect what I had formerly * obſerved in the Small-pox, "that nothing ſo immediately cures a Sore-throat

* Phil. Trans. March 1746-7.

of

of the malignant ſort as the Bark does; and I was ſoon convinced by a multitude of inſtances, that, for the ſame reaſon, it is truly a ſpecific in the caſe before us." Medical Muſeum, Vol. I. No. 14.—The terms here made uſe of are certainly too ſtrong; for although the bark may be in many caſes very uſeful, it often diſappoints our expectations, and where the diſeaſe has been improperly managed in the beginning, or where the ſymptoms are violent, it ſeems wholly inefficacious. Dr. Withering is the only author, however, who, from experience, declares the Bark to be univerſally prejudicial in the Scarlatina. "In ſome inſtances," he ſays, "the inflammation attendant upon the diſeaſe is in itſelf ſufficient to produce the ſloughs, but they are generally the conſequence of neglect or improper management; for if the patient, from the beginning, is treated upon the plan I adviſe, the ſloughs either never appear, or if they have appeared, never increaſe; and in twenty-four hours vaniſh altogether. But when that inflammation is ſtill augmented by large and frequent doſes of Bark, it is aſtoniſhing to ſee how much the tumefaction increaſes, and how rapidly the whole lining of the fauces is converted into a ſtinking ſlough. It is true, neverthéleſs, that many patients recover who take Bark. The fact ſeems to be, that in mild caſes, an improper mode of treatment is not highly detrimental: it is only in the more dangerous ſtate of

 the

the diſeaſe that we can do much harm. And I am ready to confeſs, that in two or three of the firſt bad caſes I ſaw, miſled by ſo many marks of putreſcency, I gave the bark; but the conſequences were not ſuch as could juſtify a continuance of it."

Mr. J. Kearſley, though an advocate for the uſe of the Peruvian bark in the Scarlatina maligna (ſee above, page 366, note) ſeems to be ſtrongly impreſſed with the advantages of another remedy. He ſays, "There yet remains one thing, which is of great conſequence in abating putrefaction, and which may be taken diluted with water. It is an infuſion of gum Myrrh, one ounce in a pint of the ſtrongeſt vinegar. A pap or tea-ſpoonful of this tincture may be mixed with barley water, and given to the ſick in any ſtage of the diſorder." Gent. Mag. Vol. XXXIX. page 523.

The internal uſe of Capſicum, at the beginning of the Angina maligna, is ſaid to have been attended with very great ſucceſs in the Weſt Indies. An infuſion is made in the following manner: "Take two table-ſpoonfuls of ſmall red pepper, or three of the common Cayenne pepper, and two tea-ſpoonfuls of fine ſalt; beat them into a paſte, and then add to them half a pint of boiling water. Strain off the liquor when cold, and add to it half a pint of very ſharp vinegar.

Let

Let a table-ſpoonful of this liquor be taken every half hour, as a doſe for an adult; the quantity being diminiſhed in proportion for children." A particular account of the epidemic Sore-throat thus relieved, and of the effects of the remedy, is given in the Medical Communications, Vol. II. and in Dr. Duncan's Medical Commentaries for the year 1787.

A phyſician near Gainſborough conſiders Volatile Alkali "to be endowed with a ſpecific power over the Malignant Scarlet Fever and Sore-throat." He diſſolves two drachms of the carbonate of Ammonia in five ounces of water, and directs the patient to take half a table-ſpoonful, or two tea-ſpoonfuls, every two, three, or four hours, according to the urgency of the ſymptoms. If the difficulty of ſwallowing abate, and the patient wiſh for it, a little cold water may be added to each doſe:—cold water, or toaſt and water, to be drunk at pleaſure. The above remedy was given in every form, and in every ſtage, of the Scarlatina.—"Some," he ſays, "were glowing with univerſal efflореſcence: in ſome, the extremities were ſwelled; in others, fœtid ulcers appeared, particularly about the parts of generation: in moſt, the throat was ſwelled and inflamed, often ulcerated, and reſpiration almoſt prevented: but in the moſt alarming caſes, a ſcorching fever, and raging delirium, rendered the patient's ſituation horribly alarming;

alarming;—yet in all theſe variations of the diſeaſe, the volatile Alkali was my ſpecific, which I adminiſtered to between two and three hundred patients ſucceſſively and ſucceſsfully." The immediate effects of the remedy are ſtated to be, a diminution of heat, fever, and delirium, and a diſpoſition to ſleep*.

There is not any certain preſervative from the contagion of the Scarlatina, for perſons within it's influence. After expoſure to the effluvia or breath of the ſick, in attending to the ſymptoms, and examining the throat, it is uſual for medical men to have a ſenſation on the tongue as if green vitriol were diſſolving in the mouth. This taſte remains for ſome hours, nor can it be obliterated by gargling with water, acid, or ſpirit. It excites nauſea in ſome perſons, and very generally occaſions repeated diſcharges of ſaliva, which may perhaps prevent the poiſon from entering the fauces or ſtomach, and from affecting the conſtitution. In conformity to this notion, Dr. Withering recommends ſternutatories, and gargles of cauſtic Alkali largely diluted with water. The uſe of camphor, bark, wine, vinegar, and fumigation, is inſufficient to prevent the diffuſion of contagion, eſpecially in ſchools, or other

* Dr. E. Peart's "Practical Information on the Malignant Scarlet Fever and Sore-throat." 1802.

places

places where many young perſons are crouded together. At Ackworth, in the ſeminary founded and ſupported by the Society of Friends, the Scarlatina, in 1803, affected 171 perſons, and continued upwards of four months, although the greateſt exertions were made to arreſt it's progreſs by keeping the infected ſeparate from the reſt, and alſo by ſtrict attention to ventilation, and to cleanlineſs throughout the houſe; ſee above, pag. 270. Dr. Binns's account of the introduction of this virulent complaint among the ſcholars, and of the difficulty of eradicating it, cannot fail to be acceptable both to medical readers, and to thoſe who are intereſted in the proſperity of academies.

"The family was attacked by this diſeaſe when it did not exiſt in the neighbourhood of Ackworth, and yet, ſix months before, it came to our very doors without affecting any one in the houſe. It began in a boy from Sheffield, who had been with us a conſiderable time. Though not able to aſcertain the point, I was led to ſuſpect that he might have received from his friends ſome preſent imbued with contagion, having reaſon to believe the diſorder was once introduced into a ſchool, ſixty miles from Liverpool, by a hamper of oranges ſent from that town, when the diſeaſe was very prevalent there. It might probably come in another way from a diſtance, namely, by goods

purchaſed,

purchafed, as flocks ufed for the children's bolfters, or curled hair for their mattreffes; but I have no fufficient ground for any of thefe fuppofitions: being, therefore, baffled in my attempts to trace it to any other place, I have been almoft ready to conclude that it may have originated here, as it muft have an origin fomewhere;—but if fo, I am entirely at a lofs to fay how it could be produced. Circumftances indeed feemed, at firft fight, to warrant the conclufion, as two boys applied to me on account of this complant, on the fame day: I found, however, on enquiry, that the Sheffield boy was taken ill two days before the other, that he flept in the next bed, and that he had vomited very offenfive matter between the beds: in this way, perhaps, infection was communicated to the fecond boy, for, on former occafions, I remember feveral cafes in which the difeafe began two days after expofure to contagion. The above patients applied on the fecond of the fourth month, but no other till the twelfth of the fame month, when two boys and one girl were attacked: thefe, I fuppofe, were infected by communication with perfons who vifited the fick, for fome of the family could not be prevented from paying unneceffary, and, I think, very blameable vifits*.

* The Scarlatina anginosa occurred here about eight years ago, in a milder form, so that of sixty or seventy who were affected, but one died: this patient was a girl, taken suddenly with convulsions, while in a reduced and dropsical state, about three weeks after the Scarlatina had disappeared.

"Our

"Our number of boys when the diseafe broke out was 179, of whom 104 were attacked in the courfe of four months; after that time only one was affected. Of the 105, five died. Many children having been fent home foon after the appearance of the diseafe, there remained in the fchool, at the end of the feventh month, only 126 boys. The number of girls, at the beginning of the fourth month, was 119. Between the twelfth of this, and the end of the fifth month, 48 girls were attacked, and but one afterward; fo that the diseafe prevailed among the girls fcarcely half the time it did among the boys. Of the forty-eight affected, two died; and fince many of the girls alfo returned home foon after the complaint appeared, their number was, at the end of the eighth month, diminifhed to 90. I mention this reduction of our lift, left otherwife it might appear that we were more fuccefsful than we really were, in defending a great number from the contagion. Befides the children, who were in general between eight and fourteen years of age, a few others of the family were affected with the diseafe.—The following is a ftatement of the whole:

	Affected with the disease.		Died.
Boys	105	Of whom	5
Girls	49	. . . .	2.
Masters, apprentices, and servant-men . . .	8	. . . .	0
Mistresses, servant-women, and apprenticed girls	9	. . .	0
	171		7 nearly 1 in 24.

 About

About thirty other children were affected, but too ſlightly to be included in the ſick liſt: however, it may be obſerved that in the liſt of 171, there was almoſt every gradation of the diſeaſe; I could not therefore draw the line of diſtinction with much exactneſs.

"In regard to prevention, I think that an improvement of the diet in ſuch as live low, moderate exerciſe in the open air, cold bathing, in ſhort every mode of ſtrengthening the conſtitution, with great attention to cleanlineſs and ventilation, muſt have a tendency both to ward off the diſeaſe, and to ſupport through it thoſe on whom the contagion has faſtened.—They who are in attendance ought as much as poſſible to avoid taking the breath of the ſick, ſince it is clear that the Scarlatina, and very probable that ſome other diſeaſes are ſo received. When children in a ſchool are affected with ſymptoms of fever, they ſhould be immediately ſeparated from the reſt, till the nature of the fever be fully aſcertained: this precaution having been taken, I believe ſeveral children at Ackworth, though really attacked by the Scarlatina, were, through the early application of ſuitable means, preſently reſtored to health. But when theſe attempts did not ſucceed, the patients were ſent to a fever-houſe at the bottom of the garden, more than two hundred yards from the grounds frequented by the children. This houſe conſiſted of a chamber for the ſick girls, and another for the boys, with

with anſwerable convaleſcent rooms on the ground-floor, and a bed-room for the nurſes, beſides a few other ſmall apartments, all, by a little contrivance, ſufficiently ventilated. The children, whoſe complaints did not require them to be ſtrictly confined, might walk behind the houſe, where there is a graſs-plot: but when the fever and ſloughs in the throat were wholly removed, the patients ſtayed a few days in the convaleſcent rooms, and had an opportunity of walking in the garden, at the front of the houſe, to clear themſelves from infection by repeated expoſure to the open air. After this they went acroſs the garden to a waſh-houſe about equally diſtant from the fever-houſe and the ſchool, where they were entirely ſtripped, and waſhed with ſoft ſoap, particular attention being paid to cleanſing their hair. They then put on freſh clothing, and went up to the rooms in the ſchool, being, however, kept apart for ſome time longer. Their bed and body linen was frequently changed on their return, as it before had been in the ſick-rooms. When they had continued thus about a week, and appeared to have recovered their ſtrength, the general ablution was repeated; and after rambling in the fields for ſome hours, they were permitted to mix with the other children."

"As ſoon as the weather would permit, cold-bathing was entered on by the boys who were in health: they

began with it ſooner than the girls, and uſed it more frequently, yet it appears by the proportion of boys affected, that they were more ſuſceptible of the diſeaſe than the girls, which ſeems to militate againſt the opinion before given; however, the influence of other cauſes ſhould be taken into account."

"Fumigations were used, with an unſparing hand, both in the ſick and the convaleſcents' houſes: they were uſed in the lodging-rooms of the children who were well, every evening after they retired to reſt. Our uſual mode of fumigation was by pouring vitriolic acid on marine ſalt, to which mangaueſe was added on the recommendation of Dr. Walker, who, at my requeſt, came over ſeveral times from Leeds to viſit the ſick, and to whoſe aſſiſtance I attribute a conſiderable ſhare of the ſucceſs in our management of this dreadful diſeaſe. This plan of fumigation, after a long trial, appearing inſufficient to deſtroy the contagion, the mangaueſe was omitted, as it tends to oxygenate the muriatic acid, by which effect, in the opinion of Chaptal, it's acid virtues become weaker, ſince it's affinities with alcalies diminiſh, and it is ſo far from reddening blue vegetable colours that it deſtroys them. Elem of Chem. Vol. I. p. 246. We afterwards uſed only the ſalt and acid, as recommended by Dr. Johnſtone, but with no more apparent advantage than before.

fore. The vapour raifed by Dr. C. Smyth's mode of fumigation, proved fo unpleafant to my lungs, that I was foon obliged to lay it afide."

"Vinegar was employed very freely in fprinkling the floors, and even the bed-clothes: the patients likewife were very frequently wafhed, during the hot ftages of the difeafe, with cold vinegar, or vinegar and water, or vinegar and brandy, by means of fponges, or linen cloths, not only on their faces and extremities, but occafionally over the whole body; and they, in general, experienced much relief from it."

"Though the feafon was ufually very cool, a fyftem of ventilation was carried on, night and day, much beyond what can be done in almoft any private family. The rooms were alfo frequently wafhed, fometimes even while the fick were in them; nor do I know of any cafe in which this practice was attended with the fmalleft injury."

"Gargling night and morning, as recommended to us by Dr. Lettfom, was not ufed by them that were well, till the difeafe appeared on the decline: it muft no doubt be ferviceable as a preventive, but, notwithftanding it was long regularly practifed by the children, it did not prevent returns of the Sore-throat with feverifh fymptoms.

"Not finding that the means above-mentioned are to be wholly depended upon, I would recommend,

in

in large ſchools, that the ſick, and their attendants, or viſiters, ſhould be precluded from any communication with the reſt of the family*. This I found could not be carried into effect, though the houſe for the ſick was 250 yards from the ſchool, while proviſions, &c. were ſent from it to the ſick; I therefore propoſed, when the diſeaſe broke out, to ſend away thoſe at the time uninfected, as far as practicable: but this was not done till a very late period, ſome perſons, who were conſulted, thinking the firſt precaution would be ſufficient."

In making the ſeparation here recommended, we may ſafely act on the ſuppoſition that perſons under the influence of contagion do not communicate it till they are actually affected with the fever and efflo-reſcence. Under certain circumſtances, indeed, the infection may be conveyed from one to another by a third perſon. A nurſe, for inſtance, having received on her clothes, pocket-handkerchief, &c. the vapour

* In academies not so populous as Ackworth school, the above means carefully applied have been found effectual. See Dr. Haygarth's Letter to Dr. Percival, page 81; also Dr. Withering, page 67, and Dr. Blackburne, on Scarlet Fever, page 21. All these writers give a caution against the usual practice, on the appearance of the disease, of hastily dispersing the scholars, who may, after returning home, diffuse contagion in their respective families and neighbourhoods.

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from the lungs, the phlegm from the throat, or difcharge from the noftrils, of a patient in the Scarlet Fever, would infect any child attended or careffed by her while fhe wore the fame drefs: or fervants, after vifiting their relations or friends ill of Scarlatina, may fometimes infect their fellow-fervants, and the children in houfes where they refide; but all the perfons thus fecondarily infected are incapable of communicating the difeafe, until the fever fupervene, which, by altering the ftate of the fecretions, open a new fource of contagion. It is to be remarked that convalefcents from Scarlatina, notwithftanding a minute attention to cleanlinefs and change of apparel, remain, for two, or three weeks*, capable of infecting perfons fufceptible, efpecially children, with whom they have intercourfe: in order, therefore, to prevent the contagion, the long, laborious procefs defcribed, pages 383-4, feems not more than fufficient. Dr. Blackburne has properly animadverted upon the dangerous practice of fending convalefcents to fchool, often with the clothes worn during their illnefs. After adducing fome ex-

* These periods I have been able to ascertain in several instances. I likewise had an opportunity of observing that a convalescent from the Measles, at the end of a fortnight, although in fresh clothes, infected a child in the country, on whom the eruption appeared thirteen days after the intercourse.

amples

amples of the mifchievous effects thus produced, he adds, "The public are therefore moft ferioufly admonifhed of the great danger of allowing convalefcents to mix too foon with fociety. I have no doubt that thoufands have been infected in this way, from the moft unfufpected quarters, and will continue to be fo unlefs the momentous fact here fubftantiated be made known, and acted upon with a confcientious regard to the public weal*."

All the precautions above fpecified fhould be obferved on the appearance of the fimple Scarlatina, as well as when our attention is called to the more dangerous forms of the diftemper. From the ftatements, page 281, 332-3, it follows that the flighteft cafe of Scarlet Fever, occurring in a large family or fchool, where no preventive care is exercifed, may prefently produce in fome the Scarlatina anginofa, in others the ulcerated Sore-throat, and in others the gangrenous Sore-throat; and may thus endanger all thofe who have communication with the perfons affected, or with their attendants. Influenced by a confideration of thefe circumftances, ought we not to employ all the means in our power, and efpecially fuch as have been found fuccefsful againft other contagions, to eradicate

* On Scarlet Fever, page 36.

from

from our country this inſidious, moſt virulent, and deſtructive diſeaſe?—It does not ſeem to have been known among us more than 150 years, for Sydenham and Morton are the firſt Engliſh writers who mention it. Sir Robert Sibbald, phyſician to King Charles the Second for Scotland, ſays in the year 1680, this diſeaſe had appeared ſo lately at Edinburgh, and was ſo little underſtood, that he could not venture to give any obſervations on the theory of it, nor on the method of treatment. "Inter multos morbos, qui huic ſæculo originem debent, nuperrimè Febris obſervata eſt quæ Scarlatina dicitur a coccineo colore, quo cutis ferè univerſa tingitur. Hujus morbi non ita frequentes obſervationes ſunt, ut indè accurata ejus theoria tradi, et curandi methodus extrui poterit.——Pauciſſimi verò ex hac febre mortui ſunt." Before the middle of the laſt century, it had made it's appearance in every populous town of North Britain, as well as England, and had extended throughout the greater part of Ireland. There are, however, in different quarters of the united kingdom, ſome diſtricts remote from any conſiderable town, and ſeveral ſmall iſlands, which have not been viſited by the diſeaſe, if we can truſt to the memories or traditions of their inhabitants. The above circumſtance affords a proof that the Scarlet Fever does not ariſe ſpontaneouſly in our climate (ſee page 284), and that, when produced, it is not communicable to

any great extent through the medium of the atmoſphere, as was formerly ſuppoſed. Our endeavours to ſuppreſs it will be facilitated by the knowledge we at preſent poſſeſs of the manner in which it is diffuſed. Not only the perſpiration, and breath, of perſons affected with the fever, communicate it to their attendants and viſiters; but the clothes, bedding, and furniture, in the apartments of the ſick, are for ſome weeks capable of infecting thoſe who handle or uſe them. Infection is likewiſe retained in carriages employed to convey the ſick and convaleſcents, their nurſes, or relatives. Since there is not on this head any reſtraint by law, and but little from private feeling, ſome hundreds are annually infected by hackney-coaches, ſtages, ſedans, and hired carriages. Dr. Fothergill (page 28) remarks, that the ulcerated Sore-throat, in 1746, began at "Bow, Greenwich, and adjacent places, ſeeming to ſpread from the river ſide weſtward over the whole city." As the diſeaſe took the ſame courſe, when it was epidemical in 1786 (ſee above, p. 262), ſome phyſicians have thought that the Scarlatina was, on both occaſions, introduced by means of infected goods brought from abroad. The diſeaſe may have been ſometimes thus imported; but when it appears in the eaſtern part of the metropolis, it will be more frequently found to have originated from the large repoſitories of old clothes near the Tower, Eaſt Smithfield, and Ratcliff Highway. It is aſcertained

that

that cotton, hair, and wool, are the fubftances moft readily imbued with contagion, which becomes more virulent when the air is prevented from having free accefs to them.—If infected clothing, made of thefe materials, remain for fome weeks in a full clofe room, or locked up in chefts, and be then fold out during an unhealthy feafon, not only the wearers of it, but all who have intercourfe with them, are prefently affected, and contribute to fpread the difeafe. Thus alfo the Small-pox, Meafles, Typhus, Hooping Cough, Itch, and Scald-Head, are perpetuated among us; and the febrile contagions are from time to time widely diffufed. During the laft year of my attendance at the Public Difpenfary, I had reafon to think that a family in Wild-Street, Lincoln's-Inn Fields, was infected with Scarlatina maligna by clothes bought in Monmouth-Street. More than fifty perfons, in the adjoining houfes, were foon affected with the difeafe, which afterwards traverfed Drury-Lane, and fpread by Long Acre, and the ftreets connected with it, through feveral large parifhes in Weftminfter. Infection is principally communicated at the day-fchools, which we obferve in almoft every ftreet, court, and alley. They are much crowded, ill ventilated, and open to children without reftriction, and without enquiry into the health of the families from which they come. Some effective reftrictions are, however, neceffary with

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refpect to thefe and the other fources of difeafe above mentioned, which, although they benefit individuals, endanger the lives of thoufands.—Thofe who deem fuch reftraints an infringement on our civil liberties, and contrary to the tenor of the Britifh conftitution, may be referred to the Quarantine laws, rigidly enforced on the paffengers and crews of all fhips coming from Turkey, or any place in Africa within the Streights of Gibraltar, or from Weft Barbary on the Atlantic Ocean.—By an act of Parliament explained and enforced by an order of the Privy Council, "The appointed Superintendant, and Medical Attendant, or the proper officer of the cuftoms at the place where the quarantine is to be performed*, muft go in a boat on the windward fide, and fee the crew, with all other perfons on board, muftered on the gangway, and in their prefence put two fets of queftions to the mafter, who is to anfwer the fame on oath. Two Quarantine Guardians are then put on board by the Superintendant, and the boats belonging to the fhips are taken away till the expiration of the term: to prevent all clandeftine communication, a fufficient number of guard-boats and officers row guard all night; and centinels with loaded mufkets, and with fmall pieces of ordnance, loaded with grape and cannifter fhot, are conftantly ftationed near the lazarets."

* There are ten lazarets, or places for quarantine, in Great Britain.

"Thofe

"Thoſe who are appointed by the Superintendant to ſupply the ſhips or lazarets with neceſſaries, muſt place their boats to windward, and deliver by means of metal buckets with chains the articles they bring."

After a tedious probationary airing of the cargo upon deck, "all the goods, wares, and merchandizes, are carried to the lazaret, there to be unpacked, opened, and aired for forty days. The Quarantine Guardians are to take care that after the diſcharge of the cargo, the holds and between decks of the ſhips ſhall be completely ſwept, and the ſweepings be burnt:—to ſearch diligently the lockers, cheſts, and other repoſitories of officers, paſſengers, and crews, and ſee that no matter, or thing, ſuſceptible of infection, remain undelivered; and that all the cheſts and repoſitories be daily opened, and aired, or fumigated."

Theſe regulations are not confined to the plague, but muſt be obſerved in every "other infectious diſeaſe which is, by his Majeſty, with the advice of his Privy Council, declared to be of the nature of the plague." Heavy fines are laid, and even death is inflicted, on thoſe who do not ſtrictly conform to them; viz.—"Maſters of veſſels without clean bills of health, meeting other ſhips at ſea, or being within four leagues of the coaſt muſt, by day, hoiſt a yellow flag, of ſix breadths of bunting, with a circular mark or ball entirely black, with diameter equal to two breadths

breadths of bunting, or by night a ſignal lanthern at the main-top-maſt head, on penalty of 200l. for every ſuch offence."—" Pilots conducting veſſels liable to quarantine into places not appointed, forfeit 100l.—" If the maſter of the veſſel refuſe to anſwer the queſtions of perſons authorized, he forfeits 200l.—If he refuſe to ſhew the officer ſuch bill of health, and liſt of goods, ſchedule, or manifeſt, as he ſhall have received from the Britiſh Conſul, or two known merchants at the port where he took the goods on board, together with his log book or journal, he ſhall forfeit and pay the ſum of 500l. —He forfeits the ſame if any goods, baggage, preſents, or letters, not ſpecified in ſuch liſts, ſchedules, or manifeſts, be landed or unſhipped.—" Any maſter, ſeaman, or paſſenger, quitting the ſhip without licence, may be compelled, by any perſon or perſons whatever, by any kind of neceſſary force, to return on board, and may be impriſoned ſix months, and fined 200l."—" Maſters of veſſels coming from places viſited with the plague, or having any infected perſon on board, and concealing the ſame, ſhall ſuffer death."—" If any perſon neglect to repair duly to the place appointed for him, or ſhall eſcape, and refuſe to return, he ſhall ſuffer death, as in caſes of felony."—This puniſhment extends to " any ſound perſon entering the lazaret, who ſhall attempt to return from thence without licence, and after his eſcape refuſe to perform quarantine."—

" Perſons

"Perſons concealing from the officers, or conveying any letters, wares, &c. from the veſſel, or from the lazaret, ſhall ſuffer death," &c. &c. &c.

Since we ſubmit, without reluctance, to theſe ſtrict and ſevere laws, in order to guard againſt the introduction of the plague, we cannot, I think, conſiſtently oppoſe ſome neceſſary regulations with reſpect to other contagious and fatal diſeaſes. The Reports of the Inſtitution for the Cure and Prevention of Contagious Fevers in the Metropolis, ſhew us how much may be accompliſhed by a perſevering attention to the ſubject. This ſociety, by removing perſons firſt affected to a convenient houſe, and by ventilating, cleanſing, and fumigating the apartments they had occupied, with their apparel, bedding, furniture, &c. was enabled, within three years, nearly to ſuppreſs the Typhus or malignant Fever, in ſeveral adjoining pariſhes, where it had before annually produced a conſiderable mortality among the labouring poor*. Some reſtraints impoſed with regard to the ſources of contagion (page 290-1), and enforced by authority, might alſo prevent the diffuſion of the Scarlet Fever in London, in other cities, in our ſea-ports, and conſiderable manufacturing towns, from which it is often conveyed, in various directions,

* See Reports on Diseases in London, pages 229, 254, 266, 285.

through

through the country. A ſpecific mode of accompliſhing ſo deſirable an end, need not be here detailed; but the neceſſity of it will, I think, be apparent from the foregoing hiſtorical ſtatement, p. 284—350. The exertions made, in different parts of Europe, to prevent the communication of the Small-pox, and peſtilential Fevers, have been very ſucceſsful;—it is, therefore, reaſonable to conclude, that ſimilar efforts might finally extirpate the Scarlatina, a diſeaſe which has ſo long been the bane of ſchools and academies, which has blaſted the hopes of many noble houſes, and which, in thouſands of families, by ſuddenly deſtroying a numerous progeny, has conſigned the deſtitute parents to anguiſh and deſpair.

ORDER III.

III. URTICARIA.

THE URTICARIA * or NETTLE-RASH is characterized by the round, oval, or longitudinal elevations of the cuticle, ufually denominated wheals (DEF. IX), which have a white top, often furrounded by diffufe rednefs. Some of the orbicular wheals refemble tubercles in form (DEF. VIII.), but they are not permanent, nor have they any tendency to fuppuration. The Nettle-rafh, though in many cafes accompanied with fever, is not contagious. Linnæus has defcribed the eruption in the following terms: Sudamina pruriginofa, inæqualia, ruberrima, dilatabilia, fugacia, recidivantia, furfuraceo-evanefcentia: Hectica brevis, benigna.—The varieties of this difeafe,

* This disease is mentioned by different medical writers under different generic titles, as Scarlatina, Essera, Erysipelas, Purpura, Erythema, and Uredo.

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which ſeem chiefly to merit attention, I propoſe to denominate Urticaria febrilis, Urticaria evanida, Urticaria perſtans, Urticaria conferta, Urticaria ſubcutanea, Urticaria tuberoſa.

I. Urticaria febrilis. This is always attended with conſiderable diſorder of the conſtitution. The ſymptoms preceding the eruption, are*, pain and ſickneſs at the ſtomach, head-ach, great languor or faintneſs, with a diſpoſition to ſleep, a ſenſe of anxiety, an increaſed quickneſs of the pulſe, and a white fur on the tongue. In two days, or ſometimes later, after theſe ſymptoms, the wheals appear with an efloreſcence in patches of a vivid red, or ſometimes nearly of a crimſon colour†. They are preceded by fits of coldneſs and ſhivering, and are attended with a moſt troubleſome itching or tingling, which is greatly aggravated

* Purpura urticata, imprimìs, corripit patientes cum subtili sensu refrigerii, in superficie corporis. 2. Subsequitur modicus calor. 3. Hunc comitatur sitis non admodùm intensa. 4. Jungitur etiam aliqualis capitis perturbatio, aut lenis ejusdem dolor. Juncker's Conspectus, Tab. 64.

† See PL. XXV. Fig. 2.

Sydenham, de Febre erysipelatosâ, sect. V. cap. 6, observes, "Est et alia hujusce morbi species, licet rariùs occurrens.—Febriculam quæ agmen ducit, mox

aggravated during the night, and which prevents reſt for many hours. In order to avoid this inconvenience, I have known many perſons ſleep on a ſofa without putting off their cloaths, as their diſtreſs begins immediately on uncovering the body*. The patches often coaleſce ſo as to produce a continuous redneſs: they appear on moſt parts of the ſurface†, but they are diffuſed particularly on the ſhoulders, loins,

mox excipit pustularum per universum ferè corpus, eruptio, quæ urticarum puncturas referunt, et nonnunquam in vesiculas attolluntur; mox recedentes tuberculorum more sub cute se condunt, cum pruritu mordacissimo, et vix tolerando; at quoties levissimam scalpturam subeunt, rursùm apparent." Compare De Meza, Med. Compend. I. pag. 54, De Febre erysipelaceâ. Andr. Loew. Hist. Epidem. Hungariæ, anno 1688, in Act, Nat. Cur. vol. I. and Ephemerid. cent. vi. obs. 96. Burserii Inst. Med. vol. II. cap. 5. and Arnemann, Handbuch der Pract. Medecin. 1800.

* Every change of temperature seems to produce uneasiness: hence Buserius justly observes, "Calore lecti, et expiratione auctâ, sæpe evenit ut evanuisse papulæ videantur: sed si cutis aeri exponatur, aut e lecto surgant ægri, retentâ expirabili materiâ, statim papulæ conspicuæ fiunt, cutemque ut anteà attollunt cum notabili pruritu et ardore. loc. citat.

† 5. Tandem cum multo pruritu, et superficiali tensione, et rigore, hinç indè Exanthemata tam in facie quam reliquo corpore erumpunt. 6. Hæc Exanthemata cutim superant, et citò in notabile augmentum adcrescunt, ac papulas quasdam

loins, nates, thighs, and about the knees. They extend likewife to the face; and there is fometimes a red circle round the palm of the hand, accompanied with a fenfation of violent heat. They appear and difappear irregularly, firft on one part, then on another, and they may be excited on any part of the fkin by ftrong friction or fcratching. During the day, the efflorefcence fades, and the wheals in general fubfide, but both of them return with a flight febrile paroxyfm in the evening*. The red patches of efflorefcence are often elevated above the level of the adjoining cuticle, and form denfe tumours, with a hard diftinct border: the interftices are of a dull white colour. When the patches are numerous, the face, or the limb chiefly covered with them, appears tenfe and confiderably enlarged. At the latter end of the diforder, the eyelids

quasdam eminentes, paullò latiores, coloris ex pallido rosei, urticarum læsiones referentes, offerunt. 7. Nonnunquam cum protuberantiis semierysipelaceis, et asperitate serpiginosâ efflorescit; et aliquo modo erysipelatis indolem imitatur. Juncker.

* 8. Febris, si adest, mitioris indolis esse solet. 9. Non permanent constanter exanthemata, sed diuturnis imprimìs horis evanescunt, quibus etiam motus febriles remittunt. 10. Circà vesperim verò, ubi febris revertitur, denuò prodeunt, et eo tempore etiam pruritus molestus et ardens insigniter affligit. Juncker.

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are red and tumefied, and there is often a ſwelling and inflammation on the ſides of the feet. On the appearance of the eruption, the pain and ſickneſs at ſtomach are in general relieved, but when it diſappears, thoſe ſymptoms return. The whole duration of the febrile Nettle-raſh is ſeven or eight days. As the eruption declines, the tongue becomes clear, the pulſe returns to it's uſual ſtate, and all internal diſorder ceaſes: the efflореſcence exhibits a light purple or pink colour, and then gradually diſappears, being ſucceeded by ſlight exfoliations of the cuticle*.

This complaint, though not in general dangerous, is extremely troubleſome from the violent heat of the ſkin, and the itching and reſtleſſneſs, with which it is uſually attended: it is on ſome occaſions very alarming, eſpecially when the ſickneſs and languor, at the beginning of the eruption, bring on repeated fits of fainting. I ſaw it terminate fatally in the caſe of a man about fifty years of age, who had impaired his conſtitution by hard labour, and intemperance. On the 1ſt and 2d day of Au-

* 11. Totus affectus intra triduum vel quatriduum finem suum adsequitur; et si a febre immunis est, adhuc citius exitum sortitur. 12. Exit cum temperatâ diaphoresi; et post cessationem, exilissimæ squamulæ ab affectâ parte secedunt. Juncker.

guſt

guſt 1792, he complained of nauſea, and of great pain in the ſtomach, which was increaſed by preſſure. He was very thirſty, had a quick pulſe, and a ſlight delirium at night. On the 3d and 4th of Auguſt, a number of elevated wheals, and red patches, were diffuſed over the body, with much heat and itching of the ſkin. While the raſh continued vivid, his internal complaints abated, but, on it's ſudden diſappearance about the fifth day, the febrile ſymptoms and delirium became more violent than at firſt. On the ſixth day, the eruption appeared again on his face: he was notwithſtanding very hot, reſtleſs, and delirious; he remained in the ſame ſtate through the following day, and died in the evening*.

The febrile Urticaria occurs chiefly in ſummer, and affects perſons of a plethoric or ſanguine habit, eſpe-

* Sennertus mentions the occurrence of the Nettle-rash in bilious fevers: "Interdum Essere Febres biliosas præcedunt, et propterea ii, qui hisce tuberculis frequentiùs molestantur, curationem non negligere debent, ne in Febres et gravius malum incidant." Pract. Med. Lib. V. Part i. cap. 26.

Dr. Cleghorn (on the Diseases in Minorca, pag. 222) says, "The Essere often accompany Tertian Fevers, and appear most commonly in the hot fit Sometimes I have seen them so numerous, that the whole body was disfigured by them, and painted in many places with all the colours of the rainbow. In a few such cases, the disease, contrary to expectation, proved suddenly mortal."

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cially thoſe who indulge themſelves in eating and drinking too freely*. I have often obſerved this complaint connected with teething, or a diſorder of the bowels, in infants not a year old†, who, from the itching and irritation attending it, become hot, fretful, and reſtleſs, and have a white tongue, with a very quick pulſe. In children from two to ten years of age it is alſo very frequent. Among adults, I have found men more frequently affected with it than women.

* Sydenham remarks, "Quolibet anni tempore invadit, idque hâc ut plurimum προφασει, quod scilicet æger vinorum subtilium, magis magisque attenuantium, potatione paulò liberaliùs indulserit, aut liquoris similis spirituosi." loc. citat.

† "Purpuræ volaticæ seu scorbuticæ species in infantibus aliquandò occurrit, quam Essere vocant Arabes. Exigua erumpunt tubercula hinc indè in corpore, sine insigniori calore, cute inæquali, rubrâ redditâ, cum insigni pruritu, non aliter ac si urticis percussæ essent partes, unde Die Ressel Sucht etiam vocatur." G. W. Wedel, de Morb. Infantum, cap. 37.

"The Nettle-rash occurs in children, more generally under two years of age; and is exceedingly troublesome to the infant, as well as matter of surprise to parents, from the suddenness of it's appearance. Children going to bed perfectly well, wake very uneasy, and frequently continue screaming for some time before the cause is discovered. But upon examining the body and the lower limbs, they are found covered with large wheals, resembling those produced by the sting of nettles." Dr. Underwood, vol. I. pag. 101.

A diſeaſe

A diſeaſe very ſimilar to the febrile Urticaria is produced, in particular conſtitutions, by ſubſtances offenſive to the ſtomach, ſuch as almonds, muſhrooms, herrings, crab-fiſh*, muſcles, and lobſters. The effect is almoſt inſtantaneous, and the ſymptoms are extremely violent for ſeveral hours, but the diſorder ſeldom exceeds two days. Dr. Winterbottom ſays, "I have twice been violently affected by eating the ſweet almond. The firſt time, within a few hours after eating this fruit, though in no great quantity, I was ſeized with ſlight nauſea, uneaſineſs in the ſtomach and bowels (without any fixed pain), great reſtleſſneſs, and increaſed heat. Theſe ſymptoms were ſoon followed by an œdematous ſwelling of the face, eſpecially of the lips and noſe, which were very hot and itching. There was, at the ſame time, an uneaſy tickling ſenſation in the throat, which excited a troubleſome cough and a conſtriction of the fauces, which ſeemed to threaten ſuffocation. The tongue likewiſe became enlarged and ſtiff, cauſing

* "A man was always affected with Urticaria after eating crabs, whether boiled, or in soup: he was affected thus even by the vapour which arose from them, also by taking the lap. caneror." 'Dr. Tode, from whom this is quoted (Med. Chir. Bibl.) observes, that he is himself frequently, though not always, affected with a slight Urticaria after eating crab-soup.' Med. Facts and Obs. Vol. V. pag. 59.

a flownefs and faultering in the fpeech. Soon after going to bed, an eruption took place over the whole body, of fpots nearly as large as a fixpence, of a dead white colour, a little elevated above the fkin, like the wheals produced by the fting of a nettle, and intolerably itching. In their interftices, the fkin was of a high red colour: the whole body was alfo tumefied, though in no great degree. Thefe fymptoms continued during the greater part of the night, but gradually abated towards morning, upon the breaking out of a confiderable perfpiration, which was encouraged by warm diluents: the next day, not the leaft vestige of the complaint remained.—The fecond time this affection occurred, the appearances were nearly the fame, except that they began a few hours later than in the firft inftance. The eruption alfo continued the greater part of the enfuing day, and then gradually declined.—I have not felt any inconvenience from eating the blanched almonds."

"Dr. Gregory, in his clinical lectures, ftated that he had himfelf been fubject to a fimilar complaint from eating almonds; that he had a violent attack of fever, fwelling of the body, and a copious eruption on the fkin, attended with a lofs of voice, and coldnefs of the extremities, which, however, went off the next day.

day*.—Nearly the ſame ſymptoms, he added, had occurred to him from eating a green cucumber, with the ſkin upon it, and continued four days, but were at length removed by a cathartic.—Dr. Gregory had ſeen two patients affected, by drinking porter, with a ſimilar diſorder, which he referred to the bitters infuſed in that liquor†."

The diſeaſe, which takes place after eating muſcles or lobſters, has in a few inſtances proved fatal. A ſtatement of it's ſymptoms has been given by different authors‡: the eruption attending it, in ſome caſes, re-

* In some persons, the predisposition is so strong, that a few kernels of any of the Drupacea will produce the disease. The first symptom of it is, invariably, an uneasy sensation of itching or prickling in the fauces; this is succeeded by a swelling of the tonsils, and by a slight affection of the larynx, attended with a tickling cough, and an obstruction or loss of voice.

† Medical Facts and Obs. Vol. V. page 60. Compare Dr. Withering on the Scarlat. ang. pag. 63.

‡ Mityli (vulgo muscheln) ab innumeris hominibus avidè satis, innoxièque, comeduntur. Nihilominùs tamen plurima, intrà muros civitatis nostræ, et extrà, exempla me docuerunt, ex eorum genere esse nonnullos, veneni quidpiam in visceribus occultantes. Vidi enim paucas matronas, virgines, et infantes, ex eorum esu, malè se habentes, sentientes præcordiorum anxietates, sudores frigidos, lipothymias, ventris, faciei, et extremitatum intumescentiam, ità ut actum de earum vitâ putasses." Ephem. Nat. Cur. Dec. II. ann. 8. pag. 122. Obs. XLVIII. a J. C. Bautzman, medico Kiloniensi.

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ſembles that deſcribed pag. 400, in others it is like the Scarlatina* (pag. 255). An eminent phyſician, Dr. Bœhrens†, has minutely deſcribed the ſymptoms which took place in himſelf from partaking of a diſh of muſcles. Two hours after dinner (3 o'clock P. M.), he felt an uneaſy conſtriction of the cheſt (anxia præcordiorum conſtrictio), a ſevere pain between the ſtomach or duodenum and the vertebræ of the loins, with pain ſhooting from the ſcrobiculus cordis to the lower inteſtines. At four o'clock, he was affected with diarrhœa, vomiting, and excruciating pain and itching at the rectum. When theſe ſymptoms ceaſed, a conſiderable heat and ſwelling took place, on a ſudden, in the external ear. At ſix o'clock, the inflammation ſubſided, but heat, itching, ſtiffneſs, and ſwelling of the ſkin of the forehead immediately followed. At this time, after drinking ſome warm liquors, his face was univerſally red and ſwelled, ſo that the eyes and noſtrils were

* In fæminâ viginti annos natâ a mitylis ingurgitatis nausea, calor totius corporis, præcordiorum angustia, difficilis respiratio, pulsus nimium celer, animi deliquium; totum corpus undique adeò rubrum erat, ac si panno coccineo obductum esset, membraque ità semper convellebantur ut ægra ne momentum temporis quiescere posset. Ibid. Obs. 194, a J. C. Mentzelio.

† De Affectu a Mitylorum esu, a treatise annexed to Werlhoff's Dissertation De Variolis & Anthracibus, 1735.

closed, the nose being almost buried in the swelling. He was again affected with violent pain and constriction of the præcordia, till relieved by vomiting. In half an hour afterwards, the tumor of the face subsided, but eruptions, like the wheals produced by a stinging nettle, appeared on the breast and body with considerable irritation. These disappeared as soon as a similar eruption had taken place on the arms, and lower extremities. Dr. Bœhrens remarks, 1. That the eruption was most in front of the body, and that there was not any of it on the scalp. 2. That the irritation diminished as the eruption approached to the extremities. 3. That there was not any increase of the pulse. 4. That the eruption commenced at six o'clock, and disappeared about ten o'clock. 5. That he slept well, and awoke refreshed on the succeeding morning.

For a more extensive account of this disease I may refer the reader to two papers in the Memoirs of the Academy of Brussels*.

Physicians

* See the Memoire, Tom. I. pag. 242, &c. by M. J. B. de Beunie, who says that muscles are only noxious in May, June, July, and August, while they feed on the spawn of the stella marina, deposited, in those months, at the mouths of rivers. M. Du Rondeau, in the succeeding volume of Memoires, controverts this opinion, and observes that muscles prove equally injurious, at every period of the year, to some individuals. According to the experience of both these gentlemen,

Phyſicians have been induced, by the circumſtances above ſtated, to conclude, that the febrile Urticaria originates, generally, from indigeſtion, or from ſubſtances of a poiſonous quality taken into the ſtomach, even though in a few caſes it may ſeem to have been produced by a ſudden check to perſpiration, without any previous internal diſorder.

Dr. Withering endeavours to account in nearly the ſame manner for the raſh in the Scarlet-fever, ſuppoſing that the acrimonious fluid ſecreted by the glands of the fauces in that diſeaſe, and received into the ſtomach, acts as "a poiſon upon the conſtitution," and "increaſes the vibratory motion of the capillary blood veſſels, by which an unuſually large quantity of blood is accumulated in thoſe veſſels, and the heart and large arteries are deprived of their cuſtomary proportion.*"

A healthy young woman, after attending a child affected with the Scarlatina anginoſa, had the fever and

gentlemen, vinegar, or the citric acid, taken internally and applied externally, soon relieves the persons affected by eating muscles. M. Du Rondeau says the disorder will not take place if the muscles be previously dressed with vinegar. He thinks the efflorescence, in this complaint, peculiar, denying its resemblance to the Scarlatina, Erysipelas, or Nettle-rash.

* On the Scarlatina anginosa, pag. 62, 70, 71.

fore-throat,

ſore-throat, in the uſual form, with an eruption on her ſkin. The eruption, however, was not like the efflo-reſcence uſually occurring in the Scarlet-fever, but re-ſembled, in every reſpect, the Nettle-raſh deſcribed above, pag. 400, and repreſented PL. XXV. Such caſes appear to favour the opinion of Dr. Withering and others, who think the exciting cauſes of Scarlatina and of the Nettle-raſh produce their effects by a ſimilar mode of operation on the human body.

Dr. Frank has related the caſe of a young man, who had an univerſal eruption of the Nettle-raſh, with a ſlight paroxyſm of fever, every day after dinner, though his diet was ſimple and moderate, and though he wholly abſtained from the uſe of ſpirituous liquors *.

At the beginning of the febrile Urticaria, it is proper to give an emetic doſe of the powder or the wine of

* Frank, tom. II. p. 107. In sanissimo ex auditoribus nostris juvene, vix a suscepto pastu, nec spirituosis liquoribus, nec pravis aut nimiis esculentis sanitati contrario, mordacissimus ac intolerabilis ad universam corporis superficiem, imprimis verò ad collum et ad faciem, pruritus ac ardor comparent, succedit calor non modicus, facies ipsa haud levi suffunditur rubore; auriumque tinnitus et capitis susurrus; cum anxietate et præcordiorum angustia per vices redeunte, superaccedunt. Pulsus naturalibus vix frequentiores inveniuntur. Mox verò phymata diversæ magnitudinis, ad superiorem juguli partem, ac propè mentum

of ipecacuanha. Antimonial preparations ſhould be avoided in this diſorder, as they often operate with great violence, and occaſion fainting. A laxative draught with rhubarb and magneſia is neceſſary, on the morning after the exhibition of the emetic, unleſs a ſpontaneous diarrhœa ſhould have ſupervened. During the fever, patients ſhould be reſtricted to a light and cooling diet, and ſhould abſtain from fermented liquors; they ſhould not continue long in heated air, nor take ſudorific medicines. When the complaint is declining, Peruvian bark, with vitriolic acid, often proves very advantageous.

I have not obſerved frequent returns of the febrile Nettle-raſh, in the ſame perſon. The following caſe of

mentum celeritate singulari propullulant, ipsumque cutis ambitum in tumorem inæqualem attollunt. Paulò seriùs ad faciem similia sed minori portùs numero prorumpunt; ad genas vero perexiguæ papulæ efflorescunt. Ad cæteras corporis partes, licet ardor ac pruritus continuent, exanthema nullum comparet: sub hoc interim rerum statu, liberiorem vix aerem petierat ægrotans, cum statim efflorescentiæ, ampliori ex fundo, assurgerent, et in latiores plagas diffundcrentur; ità ut quædam ex illis, circulo ad basim ruberrimo instructa licet ad collum nucis ferè avellanæ magnitudinem adæquarent, graciliorem tamen ac pellucentem, sed verè vacuam in apicem terminarentur. Lectulus nunc petitur, et morbi, ut timebat, majoris ab ægrotante suscipitur cura; cùm, erumpente per universam cutem madore, vix unius spatio horæ, jam totus et in integrum dissiparetur.

a gentleman,

a gentleman, liable to ſuch relapſes, was tranſmitted to me ſome time ago: it is ſtated in the patient's own words, and affords a lively deſcription of his ſufferings under the complaint.—" Ever ſince the 1ſt day of January, 1788, I have been confined to my houſe, at an average, once every fortnight or three weeks with this diſorder, ſometimes for four, five, ſix, ſeven, eight, or nine days together, ſeveral times for a fortnight or three weeks. The firſt time it attacked me, I was not ſenſible of having caught any cold, nor can I attribute it to the too free uſe of inebriating liquors, as I always have avoided much drinking.

" It began with a ſickneſs at the ſtomach, flatulence, and great oppreſſion: there was afterwards an eruption of ſmall white lumps on my hips, which increaſed to the breadth of the hand, changing to a fiery red colour, attended with an inceſſant inflammation and violent itching: I was, at the ſame time, affected with nauſea, total loſs of appetite, lowneſs of ſpirits, frequent headachs, and violent pains in the breaſt, back, and loins. The raſh came out, from the top of my head to my feet, in large diſtinct lumps, which had the appearance of the inflammation cauſed by the venom of a nettle. I tried a variety of remedies without perceiving any benefit; for the complaint returned frequently, and grew, on every attack, more troubleſome. It was always

always attended with a flushing of the face, and a slight hectic fever: it likewise occasioned great costiveness, which made me have recourse to opening medicines, but a most uncomfortable circumstance attends every evacuation, namely, a violent heat and itching in the anus, the stools leaving my body almost as if boiling water came from me. I often experience the same when free from my complaint, which greatly disturbs my rest in the night, and my peace of mind by day. When the disorder abates, I feel the pains at my breast more acute, and so they continue till the rash is totally gone.

" After an interval of eight, ten, or fourteen days, the complaint returns again, often without any obvious cause. I undertook a journey, last summer, into Wales, where I continued near six weeks; but in that time I was confined on three or four different occasions. At my return, I found myself much better in health, having gained a little flesh and spirits: I had not, however, been at home more than a fortnight, before I experienced a fresh attack, and afterwards five or six others, which became more and more serious---the pain in my breast, loins, and back, being more acute than I had ever felt it, and my appetite worse, along with a continual sickness at the stomach. The rash, which never used to appear internally, now got into

my throat, ſo as to prevent, in a great meaſure, my breathing and ſwallowing: at the ſame time my tongue was ſo much ſwelled * that I could ſcarcely move it in my mouth. During the laſt ſix weeks, by the advice of my preſent phyſician, I have refrained from malt-liquors and ſpirits, and drunk nothing but butter-milk at meals, and a glaſs or two of white wine in the evening to raiſe my ſpirits. Notwithſtanding, the complaint has twice returned ſince I adopted this mode, with the uſual pains, lowneſs of ſpirits, and a debility of my whole frame, though not to ſo violent a degree as formerly. For three weeks paſt I have had a troubleſome cough in the morning, with a ſhortneſs of breathing: theſe ſymptoms are new, and may perhaps be attributed to cold.

"In the courſe of my regimen, I have found this complaint brought on by eating an oyſter, or any rich fiſh: the ſame effect is produced from being the leaſt wet in the rain, whence I am particularly on my guard againſt theſe circumſtances."

* These circumstances were confirmed by his attending physician, the late Dr. Currie. "A Dyspnea has been, at times, very troublesome, and his swallowing somewhat obstructed, owing evidently to the same affection in the œsophagus as that on the surface, producing redness and inflammation of the fauces, and once or twice much enlargement of the tongue." "His face and extremities are likewise often swelled."

This

This gentleman was only twenty-ſeven years of age: he had employed a variety of remedies without ſucceſs. Repeated bleedings, with purgatives, and anodynes, which were at firſt preſcribed for him, proved injurious. He next tried a courſe of mercury, by rubbing mercurial ointment on the inſide of his thighs, and by taking a ſmall quantity of calomel internally; but his bowels were ſo much diſordered by this plan, that he ſoon found himſelf obliged to diſcontinue it. A bath of warm ſea-water was afterwards employed for ſome time without advantage. The only relief he ever experienced was from ſtrictly adhering to a ſoft antiphlogiſtic diet, with drinks compoſed of milk and water, whey, butter-milk, &c. which, however, did not wholly prevent returns of the diſeaſe.

2. The URTICARIA EVANIDA is without fever, and without any extenſive effloreſcence on the ſkin. The eruption conſiſts ſometimes of round wheals (PL. XXV. Fig. 1.) at other times of longitudinal elevations of the ſkin (W), reſembling thoſe which are produced by the ſtroke of a whip*. They are all white at the top, but in ſome there is a ſlight redneſs at the baſe. Though often hard and elevated, they do not contain a fluid, or tend to ſuppuration. They are occaſionally ſeen

* See Medical Tranſactions, Vol. III. pag. 174.

on every part of the body, but they are moſt numerous on parts which are cloſely covered. The eruption appears and diſappears many times in the courſe of a day and night, according to the temperature of the air, or to the exerciſe uſed by the perſon affected. It may be excited on any part of the body, in a few ſeconds, by ſtrong friction or ſcratching, but the wheals preſently ſubſide again. A violent itching, mixed with a ſenſation of tingling or ſtinging, attends the eruption. Theſe ſenſations are moſt troubleſome to patients while they undreſs, and for ſome time after they have lain down in bed, when the eruption is uſually moſt vivid.

The diſeaſe thus continues, with repeated eruptions more or leſs extenſive, for ſeveral months, or even for years*. It occurs moſt frequently in perſons of the ſanguine temperament, eſpecially in thoſe who have a delicate ſtomach and an irritable ſkin. The occaſional cauſes are heat, fatigue, watching, agitation of mind, or anxiety and a too ſtimulating diet†.

I have obſerved that females are much more liable

* "These eruptions, in some persons, last only a few days; in others, many months. I have known several complain of them for two years, with very short intervals, and some for seven or even ten years." Dr. Heberden.

† See Van Swieten's Commentar. § 723.

to this complaint than males. Dr. Heberden, however, remarks, "Males and females are equally liable to the Nettle-rash: and I have observed it in all ages from childhood to decrepid old age. Constitutions tainted with strumous or harassed by rheumatic and hysteric complaints, or broken down with intemperance, palsies, and age, have all been, as far as I could judge, equally fitted for the disorder; but not more so than the soundest state of health in the vigour of life, to which all other complaints were unknown."

The last observation is, I think, incorrect. Persons affected with the Urticaria evanida may be capable of business and occasional exertion, but they are often low-spirited, and they seldom remain for twenty-four hours without some bodily uneasiness, as headach, lassitude, pain and sickness at the stomach, aching in the limbs, or an oppressive languor. A young lady, apparently healthy and strong, favoured me with an account of her sufferings, and state of feeling, under this complaint*, in the following terms:—"The rash is particularly troublesome whenever I am fatigued by too much exercise, surprized by any thing, however trifling in it's nature, pleased at any event, anxious on any subject, irritated in my temper, or exposed to damp air or a cold east wind.

* She had been affected with it nearly five years: a heart-rending affliction was the primary exciting cause of the disorder.

Every

Every night, when I change my linen, the itching is intolerable, and it does not ſubſide till I am warm in bed. I am ſubject to ſevere colds in winter; while they laſt I have little or no raſh out; and, I think, on the whole I am better in health when I have moſt raſh. I often feel a ſickneſs for a few minutes before it appears, and often a weight and tightneſs acroſs the cheſt, after dinner, which cauſes a great fluſhing in the face: perhaps I ought to obſerve I am but a moderate eater. The appearance of the raſh varies but little. It conſiſts of long red ſtripes, that look as if I had been ſcratched, white ſpots, ſometimes ſmall, at other times large, ſo as to bear ſome reſemblance to a ſcald or burn. On taking a little white wine every day for a week, I found the eruption increaſed, and all the ſymptoms aggravated; but on returning to the uſe of red wine, I was preſently relieved. Being, two ſummers ago, at the ſea-ſide, I had very little of the raſh, and in the ſucceeding winter I began to flatter myſelf it had finally diſappeared: in this reſpect I was diſappointed. I have not any other complaint, yet I am very far from being ſtrong, and feel extremely nervous. My ſpirits, however, are not amiſs: I ſleep very well, and have a tolerable appetite."

This form of Urticaria is thought to conſiſt in a morbid irritability

irritability of the ſkin, connected with a ſimilar ſtate of the ſtomach and inteſtines. It ſeems attached to particular conſtitutions, being produced, in ſome individuals, by ſubſtances which do not make any impreſſion on others. By rubbing oatmeal on the hands and wriſts, I have known the Nettle-raſh excited in perſons otherwiſe healthy, and diffuſed over the whole body, proving very troubleſome for a length of time. The ſame effect has been produced by a ſlight application of mercurial ointment. Dr. Winterbottom ſays, " A lady of my acquaintance is affected with an eruption of this kind whenever her ſkin is touched with the common wall-flower." Pag. 66. Dr. Heberden has mentioned ſeveral ſubſtances which produce this diſorder through the medium of the ſtomach, as the wild valerian root, ſhrimps, honey, and the kernels of fruits*. Pag. 184. He thinks it may often be owing to external or mechanical cauſes, ſuch as the hair of ſtinging nettles, the down ſurrounding the pods of cowhage, the fine hairs floating near the neſts of certain inſects†, and the ſpiculæ of cantharides. When the diſeaſe con-

* A woman by eating strawberries was constantly affected with Urticaria. Vogel's Handbuch, Vol. III. p. 277.

† Reaumur, Histoire des Insectes, Tom. II. Mem. 4.

tinues

tinues long without the application of external ſtimuli, we ſhall, in many caſes, find it owing to ſome article in diet, which diſturbs digeſtion. I have deſired ſeveral perſons affected with chronic Urticaria to omit firſt one, and then another accuſtomed article of food or drink, and have thus been frequently able to trace the cauſe of the ſymptoms. This appeared to be very different in different perſons. In ſome it was malt liquor; in others, ſpirit, or ſpirit and water; in ſome white wine, in others, vinegar; in ſome fruit, in others ſugar; in ſome fiſh, in others unprepared vegetables. I muſt, however, confeſs that ſeveral caſes have occurred to me, where a total alteration of diet did not produce the leaſt alleviation of the complaint. In ſuch caſes I have employed a variety of medicines, but have found the vitriolic and marine acids, with magneſia, rhubarb, or other laxatives, given occaſionally, the moſt ſucceſsful remedies. Lotions made with brandy, vinegar, ſaline compounds, &c. cannot be applied extenſively enough to produce any conſiderable effect. Baths, eſpecially warm baths*, are neceſſary for the alleviation of a diſ-

* See Amat. Lusitan, Cent. I. Curat. 15. De Menstr. suppressione, et exanthematibus per totum corpus erumpentibus. He cured his patient, a young lady, by a bath made of the decoction of red roses, myrtle, tamarisk, and balaustines, with wormwood, but he had previously bled her four times in different veins, and given strong purgatives. He encourages us to let two pints and a half of blood in all similar cases.

eaſe,

caſe, which affects nearly the whole ſkin. Sea-bathing will be generally found advantageous by thoſe who perſevere in the uſe of it for three or four ſucceſſive months. A bath, prepared by diſſolving marine ſalt in water, is not equally efficacious; in ſome perſons it manifeſtly aggravates the diſorder.

3. Urticaria perstans. In ſome caſes of Urticaria, the wheals are ſtationary, and the redneſs, which at firſt ſurrounds them, gradually diſappears. The eruption is attended with itching, eſpecially when the perſon affected becomes warm in bed, or is heated by exerciſe. It does not extend over the body, but appears chiefly on the arms, breaſt, and thighs: it's duration is two or three weeks. Pain and ſickneſs at the ſtomach ſometimes precede the eruption. When it is about to terminate, the wheals become flat at the top, and then gradually ſubſide, leaving a reddiſh ſpot, not always ſcurfy, which continues for ſeveral days. This complaint is relieved by the mode of treatment recommended in the foregoing ſpecies of Urticaria. Moderate doſes of the aqua kali puri ſeemed, in ſome inſtances, to ſhorten the period of eruption.

4. In the Urticaria conferta, the eruption is full, and extenſively diffuſed. As the wheals in many

places coalefce, or are indented by clofe contact, they have very irregular forms: when they are fingly confidered, however, the fize and elevation of them is perhaps lefs than in any other fpecies of Urticaria. They are fometimes confiderably inflamed at the bafe, and they produce an almoft inceffant itching, combined, efpecially at night, with a fenfation of heat, and pricking or tingling. The eruption fpreads over the arms, neck, back, and thighs, and often continues many weeks. It appears chiefly in perfons who have a dry and fwarthy fkin, and who are above forty years of age. I have feen it, in fome, connected with pain and ficknefs at the ftomach, in others with head-ach or vertigo. The occafional caufes feem to be, too much exercife, expofure to heat, rich or highly-feafoned food, and the intemperate ufe of fpirituous liquors.

Thofe who are affected with this complaint, fhould obferve a light cooling diet, and fhould abftain from malt-liquor, white wines, and fpirits. Alterative medicines or tonics are fometimes ufeful with this plan of diet, but without it they afford little alleviation. Warm bathing affords a temporary relief. In one cafe a cure was obtained by rubbing all the parts affected with unguentum calcis hydrargyri albæ.

5. In the URTICARIA SUBCUTANEA, the eruption

occurs

occurs at diſtant periods, and continues only a few days at each return; but the patient is haraſſed during the intervals, as well as during the eruptions, with a violent and almoſt conſtant tingling in the ſkin, and with other diſtreſſing ſymptoms. The complaint is, at firſt, confined to one ſpot, on the leg or arm, and commences there with a ſenſation of tingling or ſtinging, which is afterwards felt more and more extenſively, along the limbs, or perhaps over nearly the whole ſurface of the body. Sudden changes in the temperature of the air, and agitation of mind, occaſion increaſed uneaſineſs in the ſkin, ſo that pains are ſometimes felt as from a ſharp inſtrument penetrating in different directions, at other times, as from needles piercing or puſhing the ſkin upwards. There is uſually a ſtiffneſs and ſlight torpor in the muſcles of the parts moſt affected. An appearance of wheals, as deſcribed page 397, takes place on the arms, cheſt, or lower extremities, from time to time, eſpecially during the ſummer. This eruption continues two or three days; it does not effect any change in the other ſymptoms or ſenſations mentioned, but it ſeems to indicate that they may be properly arranged under the genus Urticaria.

Perſons affected with the above ſymptoms are liable to frequent returns of ſevere pain in the ſtomach, and to cramps in the muſcles of the lower extremities: they

ſeldom have any ſenſible perſpiration. In moſt of the caſes which I have ſeen or known, the complaint was partial, affecting only the loins and thighs, or ſometimes the arms. It uſually proves tedious and obſtinate; but it may be relieved by gentle friction, and by the repeated uſe of baths of warm ſea-water.

A lady (Mrs. Allen) of Milbank Row, Weſtminſter, who has laboured under this diſeaſe for a ſeries of years, favoured me with a written ſtatement of her ſufferings, from which I will make ſome quotations.

She ſays, "About a fortnight after my recovery from an autumnal fever, at the age of twenty-two, I felt in walking a pain in one ancle ſimilar to that from the ſting of a nettle. Four days afterwards I felt a ſimilar uneaſineſs in the other ancle. The ſenſation of ſtinging and tingling, attended with a weakneſs of both ancles, continued till the ſpring, when I had the Bath waters applied by bathing and pumping. From this plan I did not obtain any advantage, and was therefore recommended, during the ſummer, to bathe in the ſea. Exerciſe and the bathing preſently removed the weakneſs of the ancles; but the ſenſation of pricking, tingling, and ſtinging remained in them as before, and, in the courſe of the ſummer, gradually extended to the legs, inſteps, and toes. Two years afterwards, my ſpirits being much affected in conſe-

quence

quence of the death of a darling brother in the Eaſt Indies, I felt the ſtinging on other parts of the body, but particularly round the loins and back; it has continued ever ſince, and I have been more diſtreſſed with it there than in any other ſituation. This part of my complaint has been attended with ſtiffneſs of the muſcles round the hips, and pain in the ſmall of the back, ſo that I could not take much exerciſe. I never had any ſtiffneſs or cramps of the arms and legs. An eruption like that from the ſting of a nettle, with large wheals as from the ſtroke of a whip, I have had, over the whole body, three times in twenty years. A ſlight or partial appearance of this kind, has occurred very frequently, and at all times of the year: the three very extenſive eruptions were in the ſummer ſeaſon, but none of them continued more than three days. At the age of twenty-ſeven, I experienced great pain and difficulty in making water, which was referred to a tumor at the neck of the bladder. This complaint gradually yielded under proper medical treatment. Some time afterwards (in the year 1780), I was ſeized with a diſorder of the bowels, which continued ſo long, that it very much reduced me. It was removed by a ſoft vegetable diet; but I had frequent fits of the colic for ſeveral years afterwards. None of the above complaints ſeemed to have any connection with the diſeaſe in the ſkin, which remained unaltered. In 1788, I was

ſuddenly

ſuddenly affected with a violent pain in the ſide, near the ſpine. It continued ſix months, notwithſtanding the uſe of the Bath waters, and of a warm ſea-water bath, &c. but was at laſt cured by an iſſue. In March 1790, I felt my ſtomach much diſordered, had frequent nauſea, heart-burns, acid eructations, and an offenſive taſte in the mouth after eating. By taking rhubarb, and occaſional emetics, I enjoyed intervals of eaſe, without wholly removing the diſorder. It increaſed during the ſummer of 1791, and before the end of that year became ſo violent that I could not retain any ſort of food on my ſtomach. Though much weakened and emaciated, I was free from pain and fever: I ſlept well, and could eat again almoſt immediately after the vomitings. As the complaint of the ſtomach became violent, I perceived that the ſtinging and pricking in the ſkin abated. Thoſe ſenſations at length entirely ceaſed, which circumſtance contributed to put me in good ſpirits, and enabled me to bear more patiently my other ſufferings. The remedies preſcribed for me during this state, did not afford much relief. At the beginning of ſummer, in 1792, I was one morning affected with more violent vomitings than any I had before experienced. When they ceaſed, I felt my ſtomach remarkably eaſy, and on the two following days I was ſo much relieved, that for the firſt time, after a long confinement, I went out

in a carriage to ſee a particular friend. While in her houſe, and on my return from it, I was again ſenſible of the ſtinging and pricking under the ſkin. This continued to increaſe for two or three days, when the ſickneſs and diſagreeable taſte as of rottenneſs entirely left me. I was ſoon able to eat and drink any thing, and ſeemed internally well, but I found, in addition to the outward complaint, a pain in the ſide equal to that from which I had before ſuffered ſo much. A ſeton was applied with relief. Electricity, tar-water, decoctions of ſarſaparilla and elm-bark, ſulphur powders, prepared chalk, alcali, and other remedies preſcribed by different phyſicians, were afterwards employed; they did not, however, effect any alteration in the complaint under the ſkin. I ſpent the ſummer of 1793 at Harrogate, but the ſulphur water diſagreed with my ſtomach, and diſordered me ſo much that I was obliged to deſiſt from the uſe of it. I was likewiſe obliged to ceaſe taking the medicine recommended by yourſelf * in 1795, for it ſuddenly and violently affected the ſtomach before the effect you expected was fully attained. During the laſt ten years I have not taken any active medicine, nor have had any internal complaint deſerving of notice. Time has not diminiſhed,

* The remedy was the nitric acid. R. W.

niſhed, but rather adds to the ſharpneſs of the ſtings, and the ſenſation of prickling, which are exceſſively painful about the loins, and ſeem to be connected with an increaſing rigidity of the muſcles in the ſmall of the back. Theſe ſymptoms have, therefore, continued to affect me from the age of 22 to that of 60, with but one conſiderable remiſſion, purchaſed by another mode of ſuffering."

"30th Oct. 1806."

6. In the URTICARIA TUBEROSA many of the wheals increaſe to a large ſize, forming hard tuberoſities, which ſeem to extend deeply into the muſcular fleſh, and occaſion a contraction in the ſinews, with total inability of motion, and a ſenſation of pain in the bones. Theſe tumors are uſually whitiſh at their tops: they riſe on the arms, thighs, loins, and calf of the leg, and are very hot and painful for ſeveral hours. The eruption, in all caſes under my obſervation, took place at night, and before morning it wholly diſappeared, leaving the patient weak, languid, and ſore, as if he had been bruiſed, or had undergone much fatigue.

The Urticaria tuberoſa often proves tedious and obſtinate; I have known it continue, as above deſcribed, upwards

upwards of two years, with but a few ſhort intervals. The only cauſes to which it could with probability be attributed, in the inſtances preſented to me, were irregularities in diet, violent exerciſe taken by perſons uſually ſedentary, and the too free uſe of ſpirituous liquors.

I have adopted Dr. Frank's denomination of this complaint, and will ſubjoin one of his caſes, which, however, differs in ſome particulars from the above ſtatement. Adoleſcens viginti annorum, crapulis non parùm deditus, a prandio corripitur nauſeâ et vertigine tenebricoſâ. Intumeſcit mox, rubroque colore ſuffunditur facies; tumores verò palmæ latitudinem habentes, et colore rubro ſed obſcuro inſtructi, cum pruritu ad animi deliquium uſque intolerabili, univerſam corporis, ſed femorum in primis, ſuperficiem occupare cernuntur. Accedit horror, ac demùm rigor, extremitates potiſſimùm inferiores violenter concutiens, ſub quo exanthemata in altas, et ſuperficiem longè ac latè ſuperantes, ſeu informes offas, increſcunt. Pulſus nunc duri et pleni obſervantur, mortiſque ægrotantem conſternit formido. Ad noctem, ſubſequitur calor, ſub quo vix formati ad cutem tumores imminuuntur, ac tandèm, reliquo tamen ad vultum rubore ac univerſali pruritu, penitùs evaneſcunt. Aſt verò

eorumdem mox locum exanthema aſperrimum, digitoſque ſub attactu vix non offendens, miliaribus ferè ſimile, ſed nigro ad apicem puncto inſignitum ac pellucidum, ſubintrat. Hoc facto, imminuitur anxietas, oriſque ſumma comparet amarities. Die morbi ſecundâ, purgante alvus medicinâ laxatur, quâ occaſione, ægroto lectum cum frigidiore aurâ commutante, poſterius hoc exanthema iterùm diſparet, ac primi denuò ad cutem revertuntur tumores. Alterna hæc exanthematis efflореſcentia eodem per ſex dies tenore continuatur, quo tempore, ſectâ adinterim venâ, et antiphlogiſticis et evacuantibus ægrotanti porrectis remediis, ægritudo diſparuit omnis. Frank de cur. homin. morb. Tom. II. p. 108.

Hippocrates, Galen, and Aëtius*, have only mentioned the appearance of wheals as ſymptomatic in bilious

* Hippocrates speaks of "Exanthemata, resembling gnat-bites, or bug-bites," Epidem. Lib. V. & L. VII. and Galen. Comment.—" of large, or broad, less itching, Exanthemata," Aph. 9. Sect. VI. and of πομφοι ὡς απο κνιδης: De Morb. Mul. Lib. II. Compare Actuar. Med. L. II. cap. 23. and Celsus De Medicin. Lib. V. cap. 28, &c. &c. Aëtius has been more particular, in a chapter on the different kinds of Exanthemata which take place in fevers. Tetrab. II. Serm. I. cap. 129. Herodoti. This is the famous chapter in which some physicians have been ingenious enough to find a complete history of the Small-pox. Aëtius gives from Herodotus the following account of the symptomatic Nettle-rash in ardent fevers:

Γιγνεται

lious fevers, and other acute diseases. J. F. Serapion*, and Alsaharavius†, seem to comprize the Nettle-rash with the Prurigo, the Lichen, and the Roseola, under the title Essera. Avicenna's account of the Benat Alleili‡ (daughters of the night) seems applicable to the Nettle-rash. He says, "When any one has a stoppage of the pores, but with good digestion, he is often affected, in the cool of the night, with itching, roughness of the skin, and small eruptions (bothor, wheals or papulæ), which are called Benat Alleili. The cause

Γιγνεται δε ποτε εξανθηματα μεγαλα, κατα χροιαν λευκα, κνησμον ολιγον επιφεροντα, πλεοναζοντα εν τε μηροις, και γλουτοις, πλευραις τε και επιγαστριοις, ὡς επι το πλειστον· την δε καταρχην εκ πολλης και αργης ὑλης λαμβανει· ταυτα δε συνθεραπευεται τω παντι σωματι, ουδε γαρ πανυ τι χαλεπην υπογραφει νοσον, ει τη ολιγοσιτιᾳ χρησηται. Γιγνομενων δε των κατα ταυτα πυρετων εγκαυστικων, επιτηδειως εχουσι προς τας εν ταις ακμαις των επισημασιων ψυχροδοσιας, ακμασαντος τε νοσηματος, ει μη τα σπλαγχνα ευπαθη εχοιεν. Aldus, 1534.

* Breviar, Lib. V. cap. 5.

† Pract. Tr. XXXI. cap. 8. Compara Avicenna, Lib. IV. page 116.

‡ Lib. IV. Fen. vii. Tract. iii. cap. 10. "The translator of Avicenna denominates this complaint Nebat alleili, plants of the night; but my Arabic copy acknowledges only the reading Benat alléili, daughters or offspring of the night, a mode of expression usual in the Arabic and Syrian languages. I may here observe, that the Latin translation of Avicenna, published in 1608, seems to have been made from a copy less correct than the edition of his works printed at Rome in the year 1593." Dr. Robert Jackson.

of it is obſtructed perſpiration, from a want of permeability in the ſkin, increaſed by the condenſing operation of cold air at night, when the digeſtive proceſs is moſt active, and when perſpiration ſhould therefore be moſt copious. In this diſeaſe, the itching is violent: it affords, at firſt, a ſenſation of pleaſure, but this is ſoon ſucceeded by ſevere pains in the parts affected."

The Neapolitan phyſician, Ingraſſia, appears to be the only medical writer, for four or five centuries after the time of Avicenna, who has ſuggeſted any thing new on the ſubject of Urticaria*.

* Firmiter tenemus Arabas præscripto nomine (Esseras) eum affectum intelligere, quem nos in Siciliâ vulgò dicimus Scotulum, nonnulli verò pilum-cervinum.—Florentiæ (ut Nicolaus ait) Artetica ab idiotis, vocatur, quin, communissimâ nostrorum omnium idiomatum comparatione, fabescere corpus dicimus, vulgò farse fave, quippe tuberculis fabarum sæpenumerò magnitudine paullòve majoribus, aut minoribus, universum corpus, quasi ex improviso nonnunquam, præcipuè in æstate, circumvenitur, perindè ac si a vespis undique demorsus esset, vel sæviori quâvis urticâ perfrictæ carnes ejus extitissent. Qui quidem affectus ex biliosi sanguinis fervore, magnâ ex parte, advenire consuevit, &c. &c. De Tum: præt: nat: pag. 188.

ORDER

ORDER III.

IV. ROSEOLA.

BY this title I mean to expreſs a roſe-coloured efflorefcence, variouſly figured, without wheals or papulæ, and not contagious. The Roſeola* can ſcarcely be conſidered as idiopathic, but though connected with different fevers, and perhaps with different ſtates of the conſtitution, it requires notice in an arrangement of cutaneous appearances. I will, therefore, deſcribe it's principal varieties under the denominations, Roſeola æſtiva, Roſeola autumnalis, Roſeola annulata, Roſeola infantilis, Roſeola varioloſa, Roſeola vaccina, Roſeola miliaris.

1. The ROSEOLA ÆSTIVA is ſometimes preceded by chillineſs alternating with fluſhes of heat, by ſlight pains in the head and limbs, faintneſs, laſſitude, reſtleſſneſs,

* I use this term arbitrarily. A few writers have employed it instead of Rossalia (pag. 289.) which denotes the Scarlatina. The Roseola mentioned by Severinus, Lib. VII. De reconditâ abcessorum naturâ, is left indefinite. Quæst. V.

and

and incapacity of cloſe attention. The raſh appears on the third, fourth, fifth, ſixth, or ſeventh day after the commencement of theſe ſymptoms. It is diſtributed firſt on the face and neck, and afterwards, in the courſe of a day or two, over the whole body. The form of the raſh, and the mode of it's diſtribution, which cannot be well deſcribed in words, is repreſented PL. XXVI. Fig. 1. On examination, the patches generally will be found larger and more irregular than in the Meaſles. They are at firſt red, but they ſoon aſſume the deep roſeate hue peculiar to this complaint. The fauces are tinged with the ſame colour, and a ſlight roughneſs, or enlargement of the tonſils, is felt in ſwallowing. The effloreſcence uſually appears firſt in the evening or night, and continues vivid through the following day. It produces a conſiderable degree of itching and tingling, eſpecially on the arms. On the fourth day, only ſlight ſpecks, of a dark red colour, are perceptible: theſe wholly diſappear on the fifth day, and with them the internal diſorder.

Such, in particular inſtances, is the uniform courſe of the Roſeola. In many caſes, however, the raſh is partial, affecting only the face, neck, and ſhoulders. It is more eſpecially diffuſed over the forehead, along the ſpine of the lower jaw, on the upper part of the breaſt and ſhoulders, and round the neck, in patches ſlightly

ſlightly raiſed above the ſurface. The cheeks are tumefied and fluſhed with a dark red colour. A conſiderable itching is felt in the parts affected. The duration of the complaint, in this form, is at leaſt a week, the raſh appearing and diſappearing ſeveral times within that period. It's retroceſſion is uſually attended with nauſea, pain in the ſtomach, headach, and faintneſs. Theſe symptoms are immediately relieved when the eruption appears again: it ſometimes returns without any apparent cauſe, at other times, in conſequence of ſudden emotions, or from taking wine, aromatics, warm liquors, &c.

The Roſeola, as above deſcribed, usually occurs in ſummer, and affects women of an irritable conſtitution. The occaſional cauſes of it are, fatigue, ſudden alternations of heat and cold, or the drinking of very cold water after ſtrong exercise: it was referred by one lady, whom I attended, to her having ſlept in a damp bed. I have obſerved this efflореſcence in perſons affected with dyſenteric complaints, or other diſorders of the bowels, in the months of July and Auguſt.

The Roſeola æſtiva, on the firſt day of eruption, is often miſtaken for the Meaſles, but it's colour, and the mode of it's diſtribution, with the concomitant ſymptoms on the ſecond day, muſt remove every doubt from

from the mind of an attentive practitioner. All practitioners, however, are not sufficiently attentive, so that a further mistake has been sometimes made by confounding the Roseola æstiva with Scarlatina. I recollect an instance of this in the case of a child, who was affected with an extensive efflorescence, about midsummer, for several successive years. The attending physician informed the parents that the Scarlet fever had recurred, in their child, seven times.

We shall generally find the symptoms connected with the Roseola æstiva alleviated by moderate diet, and by the use of acidulated drinks, with occasional laxatives. The complaint is only dangerous when, in consequence of exposure to very chill air or of the application of cold water, the eruption has been suddenly repelled, and violent disorder has taken place in the head, stomach, or bowels, of the patient, as happens, under similar circumstances, in other eruptive diseases: page 20, 221, &c.

2. Roseola autumnalis. I have frequently seen children from five to ten years of age, affected with this complaint in autumn. Distinct patches of efflorescence appear in the skin without occasioning any elevation of the cuticle. They have an oval, or nearly circular shape, and they gradually increase to

about the ſize of a ſhilling. Their hue is very dark, ſo that, at a diſtance, the ſkin appears as if ſtained with the juice of black cherries or mulberries, (See PL. XXVI. Fig. 2.). The eruption is not accompanied with much itching or tingling, nor is there any ſymptom of general diſorder, except a whiteneſs of the tongue. The dark roſe-coloured patches are uſually diffuſed over the arms, ſeldom on the face and body: they diſappear in about a week, being ſometimes, but not always, ſucceeded by deſquamation*.

This complaint is generally removed in a ſhort time by the exhibition of the vitriolic acid internally.

3. The ROSEOLA ANNULATA appears in roſe-coloured rings, with central areas of the uſual colour of the ſkin. On the firſt and ſecond days of this effloreſcence, the rings are minute like thoſe marked A.A. in PL. XXVII. Fig. 1. but they afterwards gradually dilate, and form larger central ſpaces, in the order marked B. B. C. C. and E.—I have ſometimes ſeen them nearly half an inch in diameter. The eruption takes place on almoſt every part of the ſurface of the body, and produces, eſpecially at night, a ſenſation

* M. A. Severinus, pag. 137, mentions Roseolas colore livescente et opaco.—Sauvages probably comprizes the Roseola autumnalis, and some other forms of Roseola, under the genera, Psydracium, and Essera.

of heat, and of itching, or prickling: It appears likewife to affect the throat. It's duration is very uncertain*: in fome cafes, it commences with fhiverings, fucceeded by heat, and is attended with head-ach, flufhing of the face, ficknefs at the ftomach, and pains in the limbs: it then continues four or five days, and difappears as the febrile fymptoms decline. In other cafes, which are without fever, the complaint is of long duration: the efflorefcence ufually fades in the morning, and returns in the evening or night, the rings becoming vivid, and fometimes a little elevated. Should the rings difappear, or be very faint in colour for feveral fucceffive days, the patient is affected with pain in the ftomach, ficknefs, vomiting of bile, great languor, giddinefs, and aching in the limbs. Thefe fymptoms are alleviated, or removed, by the ufe of the warm bath, after which, the efflorefcence generally returns. I have feen much advantage derived, in this complaint, from fea-bathing, and from fome of the mineral acids taken internally.

A fingular cafe of the Rofeola annulata was prefented to my obfervation, in June, 1805, through Dr. W. Currie of Chefter, from whom I have fince received the following particulars. "The eruption on Mrs. —— has always appeared in the circular form, and affected every part of the fkin, being attended

* Two, three, or four months in different cases.

with

with heat and a very troublesome itching. It came on every night as soon as she was warm in bed, and continued to torment her till morning; but it constantly left her on getting out of bed and dressing herself. She was only affected with it, in the day, by exposing herself to great heat, or by going into crowded rooms.—This disorder began in the month of March, 1804: it increased during the summer, but when the cold weather of autumn set in, it's violence gradually abated, and, about the beginning of October, it disappeared. She remained free from eruption through the whole winter. In March 1805, it again made it's appearance, and continued, as in the former year, to torment her during the summer, but disappeared, as before, in the first week of October. The eruption returned last March (1806), and proceeded, as usual, in the early part of the summer: it disappeared, however, in July, since which time she has been wholly free from it, and has enjoyed perfect health." "The vernal attacks of this complaint were preceded by diarrhœa, with pain and griping in the bowels. She eats moderately of plain food, has a good appetite, and never experienced symptoms of indigestion. Her drink, at meals, is water, with one or two glasses of wine. She is of a gouty family, and was, some years ago, subject to repeated and severe pains in the stomach, and to violent head-achs; but these complaints do not seem to have been connected with the eruption.

eruption. Perhaps ſome irritation in the bowels was the original exciting cauſe of the effloreſcence, which might be afterwards ſupported by the ſtimulus of heat.

"According to my patient's account, a bath of moderate temperature was the only remedy productive of benefit, and that benefit, ſhe ſays, was but temporary. If another ſimilar caſe ſhould occur to me, I would make trial of a tepid or perhaps a cold bath, with gentle laxatives, and ſmall doſes of the Aqua Kali puri, in lime-water."

In two females, whom I attended, this complaint was connected with an irregular ſtate of the Catamenia. In a man between 40 and 50 years of age, the eruption twice ſucceeded to a ſevere fit of the Gout, and continued ſome weeks.—An effloreſcence, ſimilar to the Roſeola annulata, occaſionally precedes the eruption of puſtules, or the formation of ſcaly patches, in the Venereal diſeaſe, as was formerly noticed under the article Pſoriasis gyrata. No material difficulty in medical practice will occur from this circumſtance, which is connected with, or immediately ſucceeded by ſome of the characteriſtics of Syphilis.

4. Roseola infantilis. Infants, during dentition, and in fevers, or in diſorders of the bowels, are often

affected with a raſh, ſimilar to that exhibited PL. XXVI. Fig. 1. but uſually cloſer and fuller, ſo as to leave very ſmall interſtices, PL. XXVII. Fig. 2. This effloreſcence continues, in ſome caſes, for a night; in other caſes, it appears and diſappears for ſeveral ſucceſſive days, being attended with ſymptoms of violent irritation. I have ſeen, even in infants but a few days old, an efflorefcence on different parts, in numerous coaleſcing patches, rounded, though not exactly circular, of about the ſize of a ſixpence, and of a ſtrong red colour. Theſe continue five, ſix, or eight days, with a ſlight elevation of the cuticle, and terminate by deſquamation. They are not always attended with diſorder of the conſtitution*.—There appears occaſionally during the firſt ſtage of dentition, a ſingle patch of efflorefcence on one arm, or neck†. It remains three

* "Infants, as early as the second or third day after birth, are sometimes covered over with a red rash, in small patches raised a little above the skin, and very much resembling the Measles. The rash continues out two days, turns brown on the third, and goes off with a slight desquamation: it is not accompanied with catarrhal symptoms, nor with any apparent disorder of the constitution."

"This efflorescence differs from that you have described: I never saw it continue longer than till the third day."

Dr. John Sims.

† Roseolas intelligo bifariàm,—vel quod rosarum imaginem præ se ferunt, vel quod rosidas quasdam inspersiones repræsentant. Severin. de Roseolis saltantibus, pag. 133.—Roseolæ cutem supremam lambentes, et efflorescentes, macularum modo, &c. pag 137.

or

or four days, then diſappears, and is in a ſhort time ſucceeded by another, perhaps on the oppoſite arm. This fades and diſappears in about the ſame period, when a freſh patch riſes in another place. The eruption is thus continued for two or three weeks.

We muſt arrange under the article Roſeola, two forms of Raſh, noticed in infants by Dr. Underwood*, "The one," he ſays, "ſlight, and preceded by ſickneſs at the ſtomach, but without fever,—the other extended in larger patches, and preceded by ſickneſs, purging, pain, and a little fever, the whole ſubſiding on the appearance of the Raſh, which therefore ſeemed to be critical, or at leaſt, like ſome other eruptions, conſecutive to convaleſcence."

Theſe appearances, as Dr. U. has obſerved, are often miſtaken for the Meaſles and Scarlatina. They ſhould on that account be well known to medical practitioners, although they do not require a ſpecific mode of treatment, but uſually diſappear on the uſe of remedies calculated to alleviate painful dentition, or thoſe diſorders of the bowels, with which the Roſeola is ſo frequently connected.

5. The ROSEOLA VARIOLOSA occurs during the eruptive fever of both the natural and inoculated Small-

* Treatise on the Diseases of Children, Vol. I. pag. 87-9.

pox.

pox. It appears in about one caſe of fifteen*, in the inoculated Small-pox, on the ſecond day of the eruptive fever, which is generally the ninth or tenth after inoculation. The efflorefcence is firſt obſervable on the arms, breaſt, and face: on the following day, it extends over the trunk of the body and the extremities. In ſome caſes it ſpreads into contiguous arches, as repreſented PL. XXVIII. Fig. 1. in others, it is in longitudinal, irregular patches, Fig. 2. with ſmall diſtinct dots in-

* In 346 patients inoculated with Variolous matter, at the Small-pox Hospital, between the 7th of October and the 28th of December, 1806, an efflorescence took place, and continued two or three days, as follows:

In 4	on the 8th and 9th days.
3	8th, 9th, and 10th.
6	9th and 10th.
1	9th, 10th, and 11th.
2	9th, 10th 11th, and 12th.
1	10th, 11th, and 12th.
5	10th and 11th.
1	15th and 16th.

23 in 346, or 1 in 15 nearly.

In the last case, the rash appeared on the third day of the Variolous eruption, being perhaps the effect of dentition.

Mr. Wachsel, the Resident at the Hospital, who favoured me with the above table, thinks the Variolous eruption may be generally distinguished, in minute pimples among the patches of efflorescence, at it's first appearance.

termixed,

termixed, B. B. B. and, in a few cafes, all thefe appearances being combined, it forms an almoft continuous rednefs over the body. Several parts of the rafh are a little elevated above the furface, as in the Meafles; pag. 218.

On the fecond or third day of the efflorefcence, diftinct Variolous puftules, containing a little fluid, may be diftinguifhed in the general rednefs by their rounded elevation, by their hardnefs, and by the whitenefs of their tops; S. S. S. Fig. 1. The rafh then begins to decline, and we feldom find any veftiges of it on the fourth day.

The Rofeola variolofa is accounted by inoculators a certain prognoftic of a fmall and favourable eruption of the Small-pox. It takes place chiefly in perfons who have a delicate ftomach, and an irritable fkin. Thus Baron Dimfdale obferves, if "a rafh of this kind happen during the preparation, (by mercurial and antimonial medicines) it is apt to return at the time of the eruption of the Small-pox."

He fays further, "If it fhews itfelf on the fkin partially, and here and there, it is not very alarming, and foon wears off. But fometimes the whole furface of the fkin is covered with a rafh intimately mixed with the

the Variolous eruption, and fo much refembling the moft malignant kind of confluent Small-pox, as fcarcely to be diftinguifhed from it; and, indeed, fome cafes of this fort have happened, where, being accompanied with petechiæ and livid fpots, I have been much alarmed..... The real and effential difference is to be gathered from the concomitant fymptoms. In the eryfipelatous or variolous rafh, there is not fo much fever, nor is the reftleffnefs, or pain of the head or loins, fo confiderable, neither is there that general proftration of ftrength, which are almoft never-failing attendants on a confluent Small-pox, efpecially when accompanied with fuch putrid appearances. Befides, upon a careful examination, there may fometimes be a few diftinct puftules, larger than the reft, mixed with the Rafh, which are indeed the real Small-pox.—After two or three days, the fkin from a florid changes to a dufky colour, a few puftules remain, which advance properly to maturation, without any further trouble enfuing from this formidable appearance*".

Inoculators, about the middle of the laft century, being apprehenfive of the retroceffion or repulfion of the Rofeola variolofa, confined perfons affected with

* Prefent Method of inoculating for the Small-pox, pag. 44-5, fifth edit. 1769.

it to bed, and prefcribed fudorific medicines. By this practice, the efflorefcence was prolonged, but the fucceeding eruption of fmall-pox is faid to have been generally favourable*. Baron Dimsdale advifes that "patients, during the efflorefcence, fhould refrain from cold water, or any thing cold, and fhould keep within doors, but not go to bed." "If any ficknefs yet remains," he fays, "a little white-wine whey, or other cordial fhould be given."—This rafh, fo far as I have obferved, is not eafily repelled either by drinking cold liquors, or by expofure to cold air. I have feen children, who were covered with it, taken out during fevere weather, and kept in the open air for feveral hours, without the leaft detriment. At the Inoculation Hofpital, perfons affected with the Rofeola variolofa walk about the garden daily, take purgatives, and are treated in every refpect like the other patients. Out-patients, with the rafh upon them, are likewife conveyed thither, on the days of attendance, in all feafons of the year, without inconvenience.

In a child inoculated by Mr. Wachsel, the Variolous Fever, and the efflorefcence, took place at the ufual time, without any eruption of puftules. Mr. W. fa-

* Account of the Preparation and Management necessary to Inoculation; by James Burges, 1754, pag. 24.—Compare Kirkpatrick's Analysis, pag. 335.

voured

voured me with the following particulars relative to this caſe: "The child was inoculated with ſmall-pox matter, September 2d, 1805. On the 11th, ſhe was indiſpoſed, and the inoculated part was ſurrounded with ſmall confluent puſtules. The raſh appeared on the 13th of September, and gradually extended over the body*. She was very feveriſh in the night of the 13th, and throughout the following day. The raſh continued ſtrong till the 17th; it declined on the 18th and 19th, and diſappeared on the 20th of September. This girl has not ſince taken the Small-pox."—From theſe and other ſimilar obſervations, we may infer, that in many of the inſtances where perſons have been ſuppoſed incapable of receiving the variolous infection†, the diſeaſe had actually taken place, though not in it's uſual form.

In the natural Small-pox, I have occaſionally obſerved an appearance of the Roſeola varioloſa, (PL. XXVIII. Fig. 1.) on the third or fourth day, with ſlight fever, and with a ſmall and favourable eruption of puſtules; but I am informed by thoſe who muſt have had better opportunities of obſerving than myſelf, that this appearance is much more rare in the natural

* This efflorescence nearly resembled that represented PL. XXVIII. Fig. 2.

† See Woodville, on Inoculation.

than in the inoculated Small-pox.—When an univerſal efflorescence of a dark red colour takes place, with a violent eruptive fever, immediately before the Variolous puſtules*, we have reaſon to expect a confluent eruption, and a fatal termination of the diſeaſe†.

The

* Variolæ confluentes nunc Erysipelatis ritu, nunc Morbillorum, erumpunt, a quibus, non nisi a medico in his morbis versatissimo, distinguuntur, saltem quoad faciem externam. Sydenham, pag. 99.

Universa cutis, in instanti quasi, rubedine saturatâ et profundâ perfusa, erysipelatosi tumoris ad instar, (maculis nigris hic illic interspersis) cum æquali superficie quadantenùs crassescit; quam quidem erysipelatosam rubedinem cutis per triduum eruptionis integrum retinet. Morton De Variolis, pag. 169 and 451. Compare Burserius, Instit. Med. Pract. vol. II. pag. 195.

"In every bad kind of Small-pox, the eruption is ushered in by a Scarlet Rash, which appears first upon the face, neck, and breast; and sometimes spreads over the whole body. It is observed some part of the second day, and within twelve hours, sooner or later, the pimples rise from these inflamed parts of the skin." Dr. Robert Walker's Inquiry into the Small-pox, &c. pag. 132. Edinburgh, 1790.

† Efflorescentia confluens, et ubique rubedine saturatâ, more febris scarlatinæ vel erysipelatosæ, universam ferè cutim perfundens, cum petechiis intermixtis, mortem ultrà secundum maturationis diem, nullâ medicorum arte posse protelari significat. Morton, pag. 186.

Cas. 36. Efflorescentia plana, continua, sublurida, die 2do.

Cas. 37. Tota facies efflorescentiâ coccineâ æquali perfundebatur, die 2do.

Cas. 38. Efflorescentia æqualis, continua, atque intensè rubra, sine pustulis notabilibus, die 3tio.

Cas.

The ſcattered effloreſcence, which attends the eruption of the Small-pox, after inoculation, and which appears in ſome caſes of the diſtinct natural Small-pox, has, by ſeveral medical authors and practitioners, been conſidered as a coincidence of the Meaſles and Small-pox, in which the latter overpowered the former. Thus Rhazes ſays, "Aliquando apparent Variolæ similes Blactiis (morbillis), et aliquis medicus dixit quod Blactiæ vertuntur in Variolas*." De Haen is nearly of the ſame opinion. "Quo tempore uterque hic morbus graſſatur, fit ut alterum ſive integrè ſive ferè curatum alter ſequatur, imò ut ambo ſimul eodem in ſubjecto effloreſcant."—"Puerulus anni unius 22° Maii 1748, Febre morbilloſâ corripiebatur, et die 25° Morbilli prodiere, ſed brevi adeò conferti ut nunquam magis. Verùm circà os, puſtulæ minimæ, inſtar naſcentium Variolarum, comparuere. Die 26° inter denſiſſimos Morbillos, toto corpore diffuſos, duodecim Variolæ in facie, binæque utrâque in manu, prodiere, ſoveam in medio habenteſ, albidiores, ac circulo rubro in ambitu ornatæ†."

Cas. 39. Animadverti universam cutem efflorescentiâ continuâ et planâ, intensè rubrâ, non scarlatinâ, verùm, quasi levi et plano erysipelate perfusam, maculis rubris minoribus, et nigris majoribus, per totum pectus sparsis, die 4to. pag. 446, 451.

* Continent: lib. XVIII. cap. 8. Interprete Feragio.

† Theses sist: Febr: divisiones, pag. 107. Compare the observations, in his Ratio Medend. part II. pag. 115, 116, 117.

6. Roseola

6. Roseola vaccina. This efflorefcence is fometimes diffufe like the Variolous rafh, but it appears generally in congeries of dots and fmall patches, a little elevated, as fhewn in PL. XXVIII. Fig. 3.—It takes place in fome children, efpecially in thofe who have a very irritable fkin, on the ninth or tenth day of the Vaccination, about the fame time that the red areola is formed round the Vefícle, at the place of inoculation: from thence it fpreads irregularly over the whole furface of the body*. I do not remember to have feen this efflorefcence continue vivid for more than forty-eight hours. It is ufually attended with a very quick pulfe, a white tongue, and great reftleffnefs. Some inoculators attach little importance to it; others think it a favourable circumftance in Vaccination, as denoting that the fkin and conftitution have been fully affected. It is not nearly fo frequent as the efflorefcence after Variolous inoculation†.

7. The Roseola miliaris is an efflorefcence which often attends an eruption of miliary Vefícles with fe-

* See Dr. Pearson's Report on the Cow-pock Inoculation, in 1800-1-2, and Mr. G. Bell, on the Cow-pox, pag. 52.

† "The appearance you mention is extremely rare. My notes do not furnish me with an instance of it, nor do I recollect, in any case, more than one or two slight patches of redness, which very soon disappeared. However, I do not, in the country, usually see the children vaccinated, after the 8th day."

Dr. Jenner.

ver.

ver. I ſhall have occaſion to make ſome remarks on it hereafter, under the genus Miliaria.

In the Typhus, or Contagious malignant Fever, an efflоreſcence alſo takes place occaſionally, reſembling, in it's diſtribution, the ſpecimen of Roſeola, exhibited PL. XXVI. Fig. 1.—but of a darker hue. I obſerved ſuch a raſh on the fifteenth day, in one caſe of fever, which terminated on the ſeventeenth day. In other caſes, it precedes the formation of purple ſpots and vibices, and, in others, it is ſeen early in the diſeaſe, but remains only for a ſhort time, without any material conſequences.

*** On printing off the first sheets of the third Order, I announced a new generic distinction termed IRIS, having seen, in a few cases, what appeared to be efflorescences, consisting each of four concentric rings, of different colours, with a yellowish central speck. From similar cases, lately presented to my observation by Dr. Cholmeley, and other medical practitioners, I have ascertained that the central speck is a Vesicle, (Def. X.) and that one of the rings is Vesicular; I must, therefore, according to my own arrangement, transfer this singular affection to the genus HERPES.

ORDER III.

V. PURPURA.

THE title Purpura, or Efflorefcentia purpurata, has been applied to papulous eruptions on the fkin, to different forms of Rafhes*, and to the purple eruption which often occurs in malignant Fevers†. Riverius is, I believe, the firft author who makes a diftinction between Purpura and petechial Fevers: he obferves, Nullum dari fignum harum febrium verè pathognomonicum,—nedum bubonem, aut carbunculum, in verè peftilenti,—neque maculas purpureas in Febre malignâ, quamvis illa a pluribus medicis purpurata nominetur;

* To the Red-gum, by Etmuller:

To the Scarlatina, by Schultzius and Juncker; and in the Ephemerides Act. Nat. Cur. &c:

To the Measles, by Hafenreffer, II. 4. and Morton, Pyretolog. Appendix:

To the Miliaria, Lichen, and Nettle Rash, by Juncker, Hoffman, &c. and in Act. Nat. Cur.

† Sennertus, Lib. V. Porchon, Traitè du Pourpre, a Paris, 1688. Sauvages, Nos. Med. &c.

cum

cum in multis eâ laborantibus nusquam compareant; et interdum erumpere ſoleant in mulieribus menſium ſuppreſſionem patientibus, et in nonnullis pueris ob levem quandam ſanguinis ebullitionem nullâ tamen apparente febre; quod nobis in utriſque non rarò videre licuit*.

With Riverius and ſome other authors, I propoſe to expreſs by the term PURPURA an efflореſcence conſiſting of ſmall, diſtinct, purple ſpecks and patches, attended with general debility, but not always with fever.—Three ſtriking varieties of the complaint thus defined may be denominated, Purpura ſimplex, Purpura hæmorrhagica, and Purpura urticans, no one of which is contagious.

1. The PURPURA SIMPLEX is characterized by an appearance of petechiæ (DEF. IV.) without much diſorder of the conſtitution. The petechiæ are diffuſed chiefly over the arms, legs, breast, and abdomen. They are largest on the legs, though ſeldom confluent. In PL. XXIX. Fig. 1. they are exhibited of their uſual ſize and colour; but the eruption of them was fuller in the caſe of the boy, from whom the drawing was made, than in any other inſtance I have ſeen. Flea-

* Prax. Med. XVII. 1. Compare Foresti, Lib. VI. Obs. 59, 60.

bites may be diftinguifhed from petechiæ, PL. XXX. Fig. 2. by the dark central fpeck which the infect makes with it's probofcis: fee Fig. 3.—In fome cafes, a general red efflorefcence takes place, for a day or two, before the appearance of petechiæ.

The Purpura fimplex is attended with palenefs, languor, debility, and pain in the limbs. It chiefly affects women, and children, efpecially thofe who are much confined, and whofe food is not fufficiently nutritious. A cure is foon accomplifhed, in fuch cafes, by proper diet and regular exercife.

1. The PURPURA HÆMORRHAGICA is attended with hæmorrhage, anafarcous fwellings, and vibices. Some weeks before this difeafe is fully formed, patients are affected with laffitude, faintnefs, and pains in the limbs, which render them unfit either for bufinefs or fociety. In fome cafes, the eruption is more immediately preceded by fhiverings, naufea, vomiting, and acute pain. The petechiæ, or purple fpots, appear firft on the legs, and at uncertain periods afterwards, on the thighs, arms, and trunk of the body, the hands and face being generally free from them. They are, however, numerous on the tonfils, uvula, palate, gums, tongue, and infide of the cheeks and lips.

lips. In theſe ſituations, they are ſometimes raiſed or papulated, and diſcharge blood on the ſlighteſt preſſure. The colour of thoſe on the ſurface of the body is at firſt a bright red, but it ſoon becomes purple or livid. The cuticle over them appears ſmooth and ſhining, but is not ſenſibly elevated. Though of very different ſizes, they have all nearly a circular form; PL. XXIX. Fig. 2. Sometimes they are few, and diſtinct, ſometimes numerous and coherent; they are ſometimes diſtributed uniformly over the ſurface of the body, and ſometimes in irregular cluſters.—Many of the patches diſappear in a week or two, while freſh ones ariſe in other places. They are largeſt and moſt vivid, in the evening or night: during the day they are ſmaller, and of a yellowiſh hue. In the greater number of caſes, they are interſperſed with vibices or livid patches reſembling the effects of a violent bruiſe*. See PL. XXIX. Fig. 2. B. B. B.

The hæmorrhage which attends this complaint is at firſt profuſe, and cannot be eaſily reſtrained: in ſome

* "Blood is extravasated under the cuticle, and the vessels on the surface become so tender that the slightest scratch, or bruise, or even pressure, produces a rupture of them." Dr. Duncan's Annals of Medicine, for 1799, pag. 235.

cafes, it returns every day, at a ftated hour. It takes place from the noftrils, fauces, gums, infides of the lips and cheeks, or from the tongue, often from the lungs, ftomach, or inteftines, or from the uterus, even in women of an advanced age. The hæmorrhage fometimes begins a few days before the eruption, fometimes after it, and fometimes on the fame day with the eruption. After a week or two, the hæmorrhage becomes lefs violent, and does not return fo frequently. When the difcharge of blood is from the gums and mouth, the purple fpots on the furface are very numerous, and of a fmaller fize than ufual; under thefe circumftances, the fauces, gums, and tongue, fometimes appear livid and tumefied.

This complaint is attended with extreme debility, and depreffion of fpirits: the pulfe is generally weak and frequent. Febrile paroxyfms, like thofe of a hectic or remittent Fever, occur at intervals.—A woman, aged 57, had, every evening, from fix to ten o'clock, repeated fhiverings, with pain and coldnefs of the lower extremities, which fymptoms were fucceeded by heat, and a moderate degree of perfpiration. This patient was affected with the fhivering-fits, with purple eruptions over the body, and with frequent menorrhagia, for upwards of nine months. In other cafes, heat of the fkin, and acute pains in the

limbs

limbs are felt every night, without the ſhiverings. When the diſeaſe has continued for ſome time, anaſarcous ſwellings take place firſt in the ancles, and afterwards in the thighs, body, arms, cheeks, and eyelids. There is uſually at the ſame time great coldneſs of the lower extremities, with ſallowneſs of the complexion, and general emaciation.

The Purpura hæmorrhagica has not any regular, or ſtated termination. It was protracted, in the caſes under my own obſervation, from 14 days, to 12 months and upwards. The diſeaſe did not, in any of thoſe caſes, prove fatal. We are, however, informed by reſpectable authors, that the hæmorrhage has, on ſome occaſions, been ſo violent as to produce ſudden death*.

Of 17 patients, whom I have ſeen affected with this diſeaſe, two only were men; nine were women, three, boys, and three, infants not more than a year old. Four of the women were beyond the age of fifty.—I will here deſcribe the progreſs of one caſe, which exhibited ſome ſtriking appearances. A lady aged thirty-ſix, of the ſanguine temperament, after experiencing for ſeveral days a painful inflation of the

* Liſter Exercit. Med. de Scorbuto. Act. Nat. Cur. &c.

ſtomach,

ſtomach, was ſeized, on the 17th of June 1792, with violent vomiting, which continued almoſt inceſſantly through the 18th and 19th, and was accompanied with excruciating pains in the bowels. The fluid diſcharged was clear, and ſtrongly tinged with green bile, the quantity of it being not leſs than three or four quarts every day. On the 20th, the vomiting abated, and ſhe had ſeveral looſe ſtools, of a green colour, and mixed with black coagulated blood. The diarrhœa continued in this form until the 25th, producing great languor, and faintneſs. During that time, the pulſe was remarkably ſlow, and the ſkin cool; the urine was of a ſtraw colour, and depoſited a white mucous ſediment; the tongue was moiſt, but covered with a yellowiſh fur: ſhe was always very thirſty, and reſtleſs. On the evening of the 25th, her extremities became ſuddenly cold, her pulſe was ſcarcely diſcernible, a cold ſweat trickled down in ſtreams from every part of the body, her voice was indiſtinct, and her breathing very laborious. From this alarming ſtate ſhe recovered in the courſe of the night, and on the following day a raſh appeared over the whole body, in ſmall red circular patches, confluent on the neck, ſhoulders, and nates, but in other places diſtinct. On the 27th and 28th, the eruption was leſs extenſive, but of a livid colour: her hands ſwelled, and ſhe was faint and languid,

languid, but ſree from internal pain. The diſcharge of blood ceaſed at this time. On the 29th and 30th ſhe was in better ſpirits, but complained much of pains in the limbs, particularly near the knee joints. July 1ſt and 2d, ſhe was ſick, weary, and reſtleſs, but had not any diſorder of the bowels: her tongue was browniſh and clammy, and ſhe felt conſiderable pain in the wriſts. The raſh began to fade on the following day. On the 4th, ſhe was eaſy and able to ſit up in bed. Slight veſtiges of the livid ſpots remained on her arms only. Two ſpots on the back of the left hand terminated with gangrenous ſloughs. The complaint was ſucceeded by large anaſarcous ſwellings of the legs, thighs, and hands, which were not reduced till the latter end of Auguſt, and during that time ſhe continued in a weak irritable ſtate*.

The Purpura hæmorrhagica, occurs at every period of life, and chiefly affects perſons of a weak and delicate habit. Women and boys appear to be moſt

* This case exemplifies a well known aphorism, quoted by Celsus from the Greek physicians; Quibus magni lienes sunt, his gingivæ malæ sunt, et os olet, aut sanguis aliquâ parte prorumpit; quorum si nihil evenit, necesse est in cruribus mala ulcera, et ex his nigræ cicatrices fiant. Lib. II. 7. Compare Hippocr. de intern. affect. § 34. Paul. Ægin. III. 49.

liable

liable to it: in the latter, the hæmorrhage ufually takes place from the nofe.

A fedentary mode of life, poor diet, impure air, and anxiety of mind, are the ufual exciting caufes of this difeafe. Several of the female patients above-mentioned were confined to laborious work, in clofe fituations. One patient, aged 46, who, with the purple eruption, had weekly returns of menorrhagia, was the principal teacher in a crowded fchool.—A young woman aged 19, and a boy about 12 years old, whofe gums, and tonfils were livid, fpongy and tender, and whofe fkin exhibited numerous petechiæ intermixed with vibices, had lived for a number of years almoft conftantly on tea, and coarfe bread. An infant at the breaft, aged fix months, was fimilarly affected, the mother not being able to procure fufficient nourifhment. One of the men, mentioned page 457, referred his complaint to exceffive fatigue in fultry weather, and to the want of proper food. In the other, the hæmorrhage was brought on by taking large quantities of ardent fpirits undiluted. Some fingular circumftances, which occurred in this cafe, I have elfewhere ftated*.

* See Reports on Diseases, pag. 167.

In the treatment of this diſeaſe, we ſhould recommend moderate exerciſe in the open air, a generous diet, and the free uſe of wine, Peruvian bark, Vitriolic acid, &c. Without air, exerciſe, and an eaſy ſtate of mind, the effect of medicines is very uncertain. Of this I had a ſufficient proof in the caſe of M. C. (ſtated page 456) whoſe ſufferings were of long duration. While confined to a cloſe apartment in White-friars, ſhe took for two or three months Peruvian Bark in conſiderable quantities, the Vitriolic and marine acid, and wine, without much advantage. The periodical ſhiverings, and the hæmorrhage, were afterwards ſtopped by the Anguſtura Bark; but the purple ſpots continued till after ſhe had been ſome time in the country.

2. Purpura urticans. This form of the Purpura begins with hard, reddiſh, and rounded elevations of the cuticle, of the ſize and appearance repreſented PL. XXX. Fig. 1. Theſe ſmall tumors gradually dilate, but within twenty-four hours they ſubſide to the level of the ſurrounding cuticle. They are then ſucceeded by livid ſpots of the ſame extent*. During the night, the ſpots are ſomewhat elevated, and exhibit

* Hoffmann, Consult. et Respons. pag. 316, &c. &c

a little rednefs intermixed with the livid colour*; towards morning, they conftantly refume their former ftate, being dark-coloured, and without elevation.—The patches are not permanent, but fucceed each other in different places, chiefly on the legs, but fometimes on the thighs, arms, breaft, &c. On the legs and arms, they are frequently intermixed with petechiæ. The duration of this complaint is from three to five weeks, in the courfe of which time, the hands and ancles are affected with œdematous fwellings. The moft diftreffing fymptoms are a fenfation of great languor and debility, and a lofs of appetite. I have not, in any cafe, obferved hæmorrhage or fever.

The Purpura urticans generally appears in fummer and autumn, affecting 1. Thofe who are expofed to daily fatigue from hard labour, and who fubfift on a meagre diet. 2. Delicate young women, who live luxurioufly, but ufe very little exercife. In the latter, before any livid fpots appear, and before the anafarca is perceptible, the legs are fometimes hard, and enlarged,

* See the case of a nun, in Johan. Udalric. Rumleri Obs. Med. 45, Ann. 1580.—Monialis, nullâ prægressâ, febre, nec artuum imbecillitate, subitò exanthematibus correpta est . . . . . quæ non, ut in aliis, tota rubentia conspiciebantur, sed nigredine quâdam quodammodò virescebant.

larged, ſo that their ſtiffneſs or weight impedes the freedom of motion, and very ſoon occaſions fatigue.

This complaint is removed by the exhibition of Peruvian Bark, Mineral Acid, or muriated Tincture of Iron, with the aſſiſtance of gentle exerciſe in the open air.

The Purpura was noticed by Amatus Luſitanus, about the year 1550, under the denomination of Morbus Pulicaris ſine febre.—Curat. Med. 70. Cent. iii.—"Puer "ad me delatus abſque febre, totus maculis quibuſ-"dam, pulicum puncturis ſimilibus, ſcatebat, et ipſis "quidem nigerrimis, ut mirari ſatis ſit talem morbum "abſque febre, vel animi anxietate, aut pueri ipſius "detrimento, ad cutem prorupiſſe...... Cæterùm "duobus interpoſitis diebus, puer hic ſanguinem mul-"tum, nigrum fæculentum, malè olentem, egeſſit, et "ſanus ac liber evaſit."

Eugalenus is perhaps the firſt writer, who has given a clear deſcription of this diſeaſe. Under the general title, Scurvy, he furniſhes three or four diſtinct caſes, wherein the purple eruption was connected with a hæmorrhage, from the gums, from the lungs, or from the bowels. See Obs. 2, 33, 59, 62, 68, 69, 72. He

 refers

refers the complaint to a putrid diathesis, produced by gross food, salt or stagnant water, and a moist cold atmosphere.

Riverius, in addition to the observations formerly quoted (pag. 452), describes the appearance of purple spots, combined with an hæmorrhage from different parts of the body: Apparent aliquandò in aliis affectibus, citrà febrem pestilentem, maculæ quædam petechiis consimiles, sed a diversissimâ causâ prodeuntes. Illæ potissimùm solent contingere in iis, qui sanguinis fluxum patiuntur, ex eo quod ille factus tenuior et aquosior—tum etiâm in lienosis, ictericis, iisque omnibus qui, propter viscerum debilitatem, sanguinem generant aquosum, et in cachexiam proclives sunt. In his enim, sanguis tenuior factus, modò per nares modò per aliam partem effluit, modò etiam a capillaribus exiens venis in partes cutaneas transmittitur, ubi retentum proprium amittit colorem, et vel, lividus vel niger, vel puniceus efficitur, variasque macularum differentias profert, quæ tamen a maculis febrium pestilentium diversissimæ sunt, et nihil aliud quàm sanguinis tenuitatem aquosam, atque imbecillitatem jecoris præ se ferunt*.

Dr.

* Prax. Med. Lib. XVII. Cap. 1. de Febre pestilenti. See also cases by River. Cent. II. Obs. 18. and Cent. I. Obs. 21. Compare Diemerbroeck

Dr. Lifter, Exercitat. Med. De Scorbuto, 1680, affords feveral cafes analogous to thofe above quoted: the 1ft, 5th, 6th, 7th, 8th, 9th, 10th, 11th, and 12th, exactly coincide with my own obfervations on the Purpura hæmorrhagica. The difeafe proved mortal in four of thefe cafes, though in fome of them, no alarming fymptoms had occurred. Ægrot. 7, 9. Juvenis quidam, exeunte Decembri, fubitò et fine aliquâ caufâ manifeftâ, narium hæmorrhagiâ correptus eft: id malum aliquot dies, per intervalla, duravit; mox totum corpus maculis ferè ex nigro-purpureis eleganter depictum eft; etiam earum aliquot ex internâ labiorum parte obfervavi: Huic tamen nec febricula, nec pulfus jufto debilior; urina qualis fanorum, nec ullum grave aliàs fymptoma. At funefta illa pictura fuit†.

The remedies on which Dr. Lifter depended for the cure of this difeafe were, Scurvy-Grafs, Creffes, Vegetable Acids, and, occafionally, blood-letting. Experience, however, foon taught him that bleeding and likewife purging, were highly detrimental. He mentions

broeck De peste, L. IV. Ægr. 41. Hoffmann Suppl. Par. II. pag. 493. de Purpurâ Scorbuticâ, &c. Cusson De Purpurâ, Sauvages De Phænigmo, et Burserii Instit. Med. II. Cap. 10.

† Pag. 96-7.—Horstius states Obs. 17. Lib. V. that this disease terminated fatally in a pregnant woman, by a hæmorrhage from the gums. Hot-baths and sudorific medicines were employed in the case, but they produced, he says, a bloody sweat (sudorem sanguineum).

tions the ſtate of the blood drawn in one caſe: Is refrigeratus cute craſſà ex fuſco flaveſcente obductus eſt.

In the Ephemerides and Acta Naturæ Curioſorum many caſes of the Purpura hæmorrhagica are recited which deſerve attention. See Tom. I. obs. 35 and 79. Tom. III. 79. Tom. IV. pag. 468. Tom. V. obs. 30. Tom. VII. obs. 110 and 131. In Tom. IX. obs. 21, is a complete hiſtory of the diſeaſe under the title of Petechiæ mendaces.

Caſes of the Purpura ſeem to have been ſtudiouſly multiplied in periodical publications, and in medical or chirurgical miſcellanies*.—I conſider it, under all the forms deſcribed, as pertaining to the Scurvy, though it is not always attended with ſpongineſs of

* Hist. Morbor. Vratislaviens. Ann. 1702. Philosophical Transactions, vol. LIII. Casp. Pezoldus. Obs. Ch. select. 6. Werlhoff, De Variol. et Anthrac. cap. iii. § 15, and in Commerc. literar. Norimberg. Bœhrens de Affect. a Mitylis, 1735. Hebd. 2 & 7. Act. Helvet. vol. V. 1762. Strack, Obs. Med. De Morbo cum petechiis, Carolsruhæ, 1767. I. A. P. Gesner, Obs. Med. Phys. Tom. III. pag. 205. Nordlingæ, 1771. C. J. Damilan. Sopra le Malatt. delle Migliari in Piemonte, &c. 1774. Graff. Dissert. Inaug. De Petechiis sine febre, Gottingæ, 1775. Act. Hafnensia, vol. II. Profr. Duncan's Medical Commentaries for 1774, and Medical Cases, 1778. Vechner, Petechiarum benignissimæ indolis singulare exemplum, Trajecti ad Viadrum, 1780. J. H. Schlichthorst. Dissert. de Petech. Gottingæ, 1783. Adair Dissert. Inaug. De Hæmorrhæa petechiali, Edinburgh, 1789. Medical Facts, vol. II. Memoirs of the Medical Society of London, vol. III. pag. 393. Annals of Medicine, vol. II. pag. 231, &c. &c.

the gums, and a difcharge of blood from them, according to the definition of Scorbutus in Nofology*. Whether my readers agree with me in this opinion, or not, they will, I think, allow that a general view of the fymptoms and caufes of either the Sea-Scurvy, or Land-Scurvy, cannot properly form a part of the prefent woik.

4. PURPURA CONTAGIOSA. I apply this title to an eruption of petechiæ frequently feen in the Typhus, or malignant Fever, occurring in crowded fhips, prifons, and other very clofe fituations.

When malignant Fevers are epidemic in London and its vicinity, the proportion of cafes, in which Petechiæ appear, is not † confiderable. A full eruption of them

* See Sauvages, Nosol Method. Sa.

Dr. Sydenham's account of the Scurvy does not materially differ from that of the Purpura, above given.

Dr. Camerarius, De Scorbuto endemio Hornbergæ, (Act. N. Cur. Tom. II. 153.) observes; Scorbuti hujus, neque enim eadem est semper, ac ubique, morbi funesti facies, hæc sunt symptomata; lassitudo ingens, vertigo, cephalalgia, frequentes parulides, cruentatio, atque ulceratio gingivarum, sicca scabies, maculæ modò lividæ, modò rubræ, lancinantes artuum dolores, in morbi cumprimis exordio. Compare Willis, De Scorbuto, cap. iii.

† Reports on Diseases, &c. pag. 162, 232, &c. Hoffmann, in his Historia Febris malignæ petechizantis Halæ grassantis, observes, Quidam

them is, according to medical writers, generally accompanied with hæmorrhage, and vibices*; but none of the cafes admitted into the Fever-Houfe during the laft three years, have exhibited thefe appearances, either combined, or in fucceffion. The patients, however, are ufually covered with flea-bites, and it is not always eafy to diftinguifh thefe from Petechiæ, fince, in confequence of the extenfive and almoft conftant irritation on the fkin, the dark fpecks remain for fome time after the central punctures have been healed. See pag. 453-4.

Formerly, the Typhus, with Petechiæ, &c. often occurred in our prifons, and proved fatal to thofe who were under confinement in clofe cells, or who lodged in crowded apartments. Mr. Box, Surgeon of Newgate, informs me, that the Fever has

dam exanthematis et Petechiis planè carebant, quorundam autem corpora ipsis erant refertissima, &c. Supp. II. P. II. pag. 56. Compare Foresti, Op. pag. 190. De Haen, Theses, and Ch. pag. 27.

* "The large black or livid spots, in Fevers, are almost always attended with profuse hæmorrhages. The small dusky brown spots, like freckles, are not much less dangerous, though fluxes of blood do but seldom attend them." Huxham, pag. 42.

Si cum iis vibices nigricantes, aut liventes concurrunt, exitium significant ...... Nec absunt a peticulis hæmorrhagiæ narium, uteri, ani, interdum etiam oculorum, quibus natura nititur morbum depellere. Burserii Inst. Med. vol. II. pag. 367, 378, &c.

been

been rendered lefs frequent there, and lefs virulent, by removing the perfons firft affected, into airy rooms or wards, and by a general attention to ventilation, cleanlinefs, &c. fo that, at prefent, Petechiæ do not appear in more than one cafe in thirty.*

Fracaftorius would perfuade us that he was the firft obferver, in Italy, of the Petechial Fever†, but it was known

* "Of 379 patients admitted into the London House of Recovery, nine only, or about 1 in 42, were affected with Petechiæ. In all but one, the Petechiæ had appeared before admission. In the case excepted an eruption, at first papular, terminated in purple spots not elevated. All the patients on whom Petechiæ were observed, with the exception of one woman, recovered: this woman died on the 4th day of the disease. On the preceding evening, large vibices appeared over the whole surface of the body; and after her death, the skin became universally livid."

Dr. T. Bateman.

† Hæ Febres mediæ quodammodò sunt inter verè pestilentes et non pestilentes, quoniam ab iis multi quidem pereunt, multi etiam evadunt. Contagiosæ autem sunt, et idcircò naturam pestilentum sapiunt. Appellari autem solent malignæ magis quam pestilentes, quales illæ fuere quæ annis 1506 et 1508, in Italiâ, primùm apparuere ætate nostrâ, non priùs notæ,—certis vero regionibus familiares, ut Cypro et vicinis insulis, majoribus etiam nostris cognitæ. Vulgus lenticulas aut puncticulas appellat, quod maculas proferant lenticulis aut puncturis pulicum similes: quidam mutatis literis peticulas dicunt. De morb. Contag. Lib. II. Compare Foresti De Febribus. Lib. VI. Obs. 35. Sennert. de Feb. IV. 13. Hoffm.

known in that country there, a hundred years before his time, to Ingraſſia*.—Petechiæ and Vibices were obſerved even by Hippocrates, in the Fevers of Thrace and Theſſaly; See Epid. Lib. VII: they are alſo mentioned by Galen† and Aetius‡. The latter ſays, "At an early period of Fevers, which are not ſimple, but originate from a depraved ſtate of the humours, livid ſpots, (μωλωπες) reſembling gnat-bites, appear over the whole body, whereas in malignant and peſtilential fevers, there are Phlyctænæ, ſome of which aſſume the form of carbuncles."

Purple ſpots occaſionally appear in the Small-pox, Meaſles, Scarlatina maligna, &c. and are often accompanied with an hæmorrhage. Their appearance has alſo

13. Hoffm. Tom. II. pag. 75. Pringle on Diseases of the Army, pag. 301-3.

I have only mentioned the Petechial Fever incidentally; a full and satisfactory account of it is given in De Haen's Ratio Medendi, and Theses de Feb. divisionib. pag. 27. and in Burserii Inst. Med. Pract. vol. II. cap. 10.

* Neapoli, rubras, et lenticulares quasdam, sine tumore, maculas, quæ in pestiferis et malignis febribus repentè nonnunquam per universum corpus dispersæ apparere solent, pesticias vocant, De Tum. præt. nat. Tr. I. cap. 1. pag. 195.

† De Atrâ Bile, cap. 12.

‡ Tetr. II. Serm. I. cap. 129.

been remarked by various authors, in Agues, Remittent Fevers, Paralyſis, Dropſy, and Atrophia*. In the laſt ſtage of Pulmonary Conſumption, they occur as the immediate forerunners of death. Tulpius, in a ſingular caſe, deſcribes a temporary purple eruption, which ſucceeded violent fits of coughing, and which ſeems referable to ſome diſeaſe of the heart or lungs§.

* See Sauvages de Variolâ, Tertianâ, Hydrope, Atrophiâ. Mead de Variolis et Morbillis. Eugalen. Willis, and Lister, de Scorbuto. Wedel de Febre pestilenti, &c. &c.

§ Filius Senatoris, Henrici Hudde, tussiit aliquando tam vehementer, ut retracto spiritu, et excluso aere, incideret in præsentissimum suffocationis periculum, dispersis jam tum per habitum corporis lividis quibusdam maculis, simillimis exanthemati pestilentiali. Sed momentanea ipsarum eruptio, utique præcedens tussis, docuere satis luculenter, colorem illum provenisse, non tam a contagio, quam ab imminente spiritûs vitalis extinctione,—quo intereunte, mirum non est perire utique partibus vividum colorem, et illi e vestigio succedere luridum, ac emortuum livorem. Obs. Med. Lib. I. Cap. 55.

ORDER III.

IV. ERYTHEMA.

THE ERYTHEMA is a nearly continuous rednefs of fome portion of the fkin, attended with diforder of the conftitution, but not contagious. This appearance, though in general fymptomatic, merits our attention, as it fhould be carefully diftinguifhed from other eruptions, particularly from the contagious Exanthemata. Sauvages and Plenck have included under the generic title Erythema, the effects produced on the fkin by burns, fcalds, flight wounds, and punctures, by the irritation of certain vegetable fubftances, and by the ftings or bites of infects and ferpents.—In conformity to the definition above given, I propofe to take a more limited view of the fubject, under the fubdivifions, Erythema fugax, Erythema læve, Erythema marginatum, Erythema papulatum, Erythema tuberculatum, and Erythema nodofum.

1. The

1. The ERYTHEMA FUGAX is characterized by red patches, of an irregular form, and of ſhort duration. Theſe patches appear ſucceſſively, but with different intervals, on the face, neck, breaſt, arms, &c. in ſome caſes of bilious diarrhœa, and of the Synochus or Summer Fever*. I have alſo ſeen them in ſlow Fevers, uſually termed Nervous Fevers, in the Typhus, and in Puerperal † Fevers. They generally denote that the diſeaſe,

* Reports on Diseases in London, pag. 25-8, and 283.

† "In dangerous cases of Puerperal Fever, I have observed broad, red, patches, on the arms, legs, and neck. They appear at first like a mere redness from pressure, especially as they often begin about the elbows. Distinct livid spots appeared in the middle of these patches, in the following case":

"Mrs. A. of Great New-street, after a severe but natural labour, was delivered on the 10th of December, 1798, the Puerperal Fever not being at that time epidemical. On the 13th, she took some opening medicine which operated well, but, both before and after the operation, she complained of violent pain in the region of the uterus. From this time, she was affected with fever. I did not see her till the 16th, when she had considerable pain in the abdomen without general tension; a defined hard tumour was however to be felt, as from the half contracted uterus: she appeared comatose, being with some difficulty roused to give any account of her feelings; her skin was hot; pulse 120, regular and tolerably firm; tongue furred, brown in the middle, and deep red on the sides; her hands appeared to me to be swollen, and covered with a minute rash, hardly appearing through the skin, but this the nurse attributed to her having just before washed with warm water. She was very delirious

diſeaſe, to which they are annexed, will be tedious and dangerous.—The Erythema fugax is likewiſe an occaſional ſymptom in chronic complaints, particularly in Hyſteria*, Dyſpepſia, Hemicrania, and Gravel. It ſometimes appears to be a conſequence of irritation in the urinary bladder, and urethra.

Hippocrates † mentions patches of redneſs (ερυθηματα) about the noſtrils, on the cheeks, the edge of the jaw,

delirious during the night; the stools and urine were discharged involuntarily. On the 17th, several red patches appeared, especially from below the elbows over the arms; no elevation of the skin was perceptible by the touch,—but to the eye, when closely inspected, the patches seemed to consist of a minute rash somewhat elevated. In the midst of these patches, there were several livid spots, some of them nearly the size of a sixpenny-piece. There was the same appearance round the ankles, extending up to the calves of the legs. The nurse had observed similar patches over the abdomen in the preceding night. Her breathing was, on the 17th, laborious, her tongue extremely brown and cracked, pulse indistinct; she talked incoherently, but answered the questions put to her when roused.—She died before the morning."

Dr. John Sims.

* Sauvages misquotes the following account of Erythema or Flamma volans:—Est accidens fugax, Hysteriæ et Menostasiæ non rarò comes—subitus sc. color et rubor, ut in verecundiâ, identidem a pectore ad faciem assurgit, citò transiturus, quandoque levem sudorem et vertiginem excitant.

† Epidem. Lib. 1. 89, 14. Coac. Prænot. 215, 231. ditto, pag. 126, 138, and 185. Ed. Fœs.

and

and on the neck, as occurring in Fevers, Diarrhœa, Hæmorrhage, and Sore-throat; he obſerves, that, in acute diſeaſes, Erythemata on the hands and feet denote the approach of death, and that broad patches of redneſs (ἐρυθήματα ὑπόπλατεα) on the cheſt, have the ſame import in Peripneumony.

3. In the ERYTHEMA LÆVE, the ſurface is uniformly ſmooth, and ſhining: it chiefly appears on the lower extremities, at firſt, with red patches, which are distinct, and of different forms, ſome being angulated, others round, and varying in ſize from that of a ſhilling to that of a crown-piece. In a few days, they become confluent, or have but ſmall interſtices: at the ſame time, the limbs are generally affected with conſiderable anaſarcous ſwellings.—This complaint occurs, often with a ſlight fever, in young perſons who have applied too cloſely either to ſtudy or buſineſs. The duration of it is uncertain: in ſome caſes, the redneſs continues for ſeveral weeks. It diſappears gradually, and terminates in extenſive deſquamation, as ſoon as the anaſarcous ſwelling has been reduced by proper exerciſe, diuretics, and corroborant medicines.

Perſons of an advanced age, labouring under anaſarca from debility or long-continued illneſs, often produce

produce by fatigue and exertion, an increafed fwelling of the legs or ankles, with a fudden and extenfive appearance of the Erythema læve. The pain, tenfion, and ftiffnefs, which attend it, may be removed in a fhort time by a horizontal pofition, and by the exhibition of Peruvian bark, diuretics, &c. Under this mode of treatment, the rednefs in two or three days changes to a darker hue, and then gradually difappears.—Thofe who, by excefs in drinking fpirituous liquors, have brought on confiderable œdematous fwellings, and ftiffnefs, of the lower extremities, are fometimes affected with a general rednefs of the furface of thofe parts, which continues for many days, but at length changes to a purple or livid hue: this appearance, is ufually fucceeded by gangrenous ulcers, in perfons whofe intemperance cannot be reftrained.

The Erythema læve occurs, in fome cafes, without dropfical fwellings, or any preffure on the cutaneous veins, efpecially after violent pains in the ftomach, attended with bilious vomiting and diarrhœa. Thefe internal diforders ceafe, or abate confiderably, as foon as the rednefs appears; which is chequered by interftices, and extends round the ankle with much pain and tenfion. I have obferved a fimilar rednefs on the ankle and inftep, in fome delicate females, on almoft every return of the Catamenia.

3. In the ERYTHEMA MARGINATUM, the patches are bounded, on one ſide, by a hard, elevated, red, border. This border, which gradually elongates, does not form circles, but appears tortuous: it is ſlightly furrowed, and, in ſome places, papulated. The convolutions of it are larger than thoſe repreſented PL. XIV. and the redneſs or efflorеſcence takes place within the ſinuſes, but has not a regular boundary on the open ſides. Theſe patches are ſituated on the outſide of the arms, legs, and thighs, and on the loins; they do not appear and diſappear ſucceſſively, like the longitudinal wheals, and redneſs in the Urticaria, pag. 400-15-16.—I have ſeen them continue, in different caſes, from three to ſix weeks: for ſeveral days before it diſappears, the redneſs changes to ſomewhat of a livid colour, and the margins ſubſide ſlowly, without deſquamation.

The Erythema marginatum does not ſeem to produce pain, or irritation in the ſkin: it is, however, uſually connected with ſome internal diſeaſe, and, from the event of the caſes, which have been preſented to me, I think it an unfavourable appearance. I have obſerved it only in perſons at an advanced period of life. A woman, aged 60, after having been affected for ſeveral weeks, with a ſevere cough, difficulty of breathing, pains or ſtitches in the ſide, &c. was at firſt re-

lieved by the appearance of the patches on her arms and thighs, but when they declined, about a month afterwards, the cough, pain, and dyſpnœa returned with fever, loſs of ſleep, and emaciation, and ſoon terminated her life.

4. In the ERYTHEMA PAPULATUM, the ſurface, as far as the redneſs extends, is at firſt rough or papulated. The eruption is diffuſe, and without any regular boundary; PL. XXXI. Fig. 1. On the ſecond or third day, when the colour becomes vivid, the Papulæ diſappear, but the ſkin continues red, and furrowed, for ten days or a fortnight. As the efflореſcence declines, it aſſumes a bluiſh or livid hue, and ſoon after terminates by deſquamation. In one caſe, the redneſs was ſucceeded by a ſlight effuſion of lymph, which occaſioned a yellowiſh appearance of the ſurface. No veſications were, however, formed, the cuticle ſeparating gradually without any diſcharge of fluid.—This eruption appears chiefly on the upper part of the breaſt, on the neck, and on the fore-arms. It differs from the Lichen agrius (page 42), in the following particulars: 1. The Papulæ are obſcure, and preſently ſubſide. 2. The redneſs continues undiminiſhed long after the diſappearance of the Papulæ. 3. There is leſs diſorder of the conſtitution, and a leſs painful ſenſation in the ſkin. 4. The Erythema papulatum does not terminate by fiſſures, excoriations, or a leprous ſtate of the ſkin.

I have

I have obſerved the Erythema papulatum in labourers of both ſexes, whoſe arms had been careleſsly expoſed to ſudden alternations of heat and cold. Intemperance in drinking ſpirituous liquors, or ſpirits combined with ſtrong malt-liquor, may alſo be conſidered as an occaſional cauſe of this diſeaſe. It is generally relieved by waſhing with tepid water, or thin gruel, by light coverings, by a temperate regimen, and by the vitriolic or muriatic acid taken internally.

PLATE XXXII. Fig. 2. repreſents an appearance, which occurred in a Syphilitic caſe, attended with ulceration in the throat. The Papulæ, however, remained, after the Erythema had diſappeared, till they deſquamated under a mercurial courſe. Hence the redneſs, accompanying the firſt eruption of them, was perhaps analogous to the efflореſcence in Venereal caſes, mentioned page 163 and 440.

We may rank under the preſent article, that ſpecies of Intertrigo, which is produced, in ſome perſons, by the attrition of contiguous ſurfaces *, as beneath the breaſts,

* Antient medical writers have chiefly noticed the galling and inflammation produced by narrow shoes, sandals, &c. or by riding on horseback. Παρατριμματα, Αποτριμματα, Oribas. Synops. L. VII. Cap. 5. Aëtii Tetrab. IV. S. 11. Cap. 67. and Tetrab. I. S. 1. de Lycio. Paul. Ægin, De Re Med. Lib. IV. Cap. XIV. Compare Scribon. Larg. Cap. 88. De Liparâ

breaſts, round the axillæ, in the groin, and at the upper part of the thighs, and is attended with a glairy and fetid ſecretion. The Intertrigo is most troubleſome when it affects the thighs: it commences where they are in contact with the ſcrotum, and extends upwards to the groin and nates, round the ſcrotum, and downwards to the hollow of the thigh. In places where the friction is ſtrongeſt, the redneſs is continuous, but it terminates at the edges in a mixed colour, ſuch as characterizes efforeſcences generally; DEF. VI. This complaint is moſt frequent in very warm weather, and affects perſons of the ſanguine temperament, eſpecially thoſe who are corpulent.* It ſometimes terminates in the Prurigo or Proriaſis ſcrotalis.—An appearance analogous to the Intertrigo, is produced by acrimonious diſcharges in perſons labouring under Dyſentery, Gonorrhœa, &c. in females af-

Liparâ ad Intertrigines et exasperationem, and Marcellus de Med. Cap. 32-3. Intertrigines, Exulceratio Intertriginum, Porrigo Intertriginum. C. Plin. Nat. Hist, Lib. XX. Cap. 14. XXI. C. 18. XXIV. C. 8. &c. Intertrigo et alarum vitia, attrita corporis, &c.

* Intertrigo, seu pustulæ genitalium ἴδρωα Hippocrati dictæ, oriuntur ab earum partium sudore bilioso, mordaci, ex incessu frequentiore, æstatis tempore, orto, qui perfacilè iis in partibus putrescens, pruriginem movet, cutemque veluti ulceribus exasperat, accedente attritu, qui ex eodem incessu fit. Plater. De Superf. Corp. dol. Causis, pag. 702.

fected

fected with Fluor albus, or Uterine ſcirrhus, and in infants; ſee page 25.

Frequent ablution, with tepid water, is neceſſary to allay the heat, and uneaſineſs, which attend this complaint, to remove the viſcid ſecretion upon the ſurface, and to prevent excoriation *. When the ſkin is fretted by the diſcharge of a thin acrimonious fluid, ſome relief is obtained by the application of dry abſorbent powders: in caſe of abraſion and fiſſures, the Unguentum foliorum ſambuci may be applied with much advantage.

A ſpecies of Intertrigo takes place occaſionally, at an advanced period of the Lues venerea, on the upper and inner part of the thighs, on the ſcrotum, and between the nates. It is attended with heat, pain, itching, and an acrimonious viſcid diſcharge, which partially excoriates, but which at length forms a ſmooth whitiſh incruſtation, over all the affected ſurface. I have thought this appearance referable, in ſome inſtances, to the uſe of mercury. If ſuch an opinion was wrong, I am at leaſt correct in obſerving, that the Venereal In-

* Hafenreffer (L. I. Cap. 18.), Plater. (p. 678.), and Plenck (p. 103.), after some of the antients, rank Intertrigo with Excoriation, or superficial Ulceration. I have often before noticed the impropriety of characterizing a disease from incidental circumstances.

tertrigo

tertrigo is not always removed by the mercurial courſe, while it is generally relieved by preventing, as much as poſſible, the attrition of the ſurfaces, by repeatedly waſhing with warm water or with ſoap and water, and by the application of mild reſtringent ointments to the parts excoriated.

5. The Erythema tuberculatum, exhibits irregular patches of red efflorefcence, diffuſed, at firſt, round tumors ſlightly elevated, and of the ſize repreſented PL. I. Fig. 9. The ſmall tumors are not ſo hard as Tubercles (DEF. VIII.): they are not attended with pain, or uneaſineſs, nor do they ſeem diſpoſed to ſuppurate. They ſubſide in ſeven or eight days †, but the patches of Erythema continue a week longer, then turn livid, and gradually diſappear.—This eruption extends over the arms, neck, ſhoulders, thighs, and legs. It commences with fever, ſometimes in paroxyſms as ſevere as thoſe of a quotidian ague. In the intervals of the paroxyſms, the patient is affected with great languor and faintneſs. During the ſecond week of the eruption, the fever gives place to a ſtate of weakneſs, morbid irritability, and reſtleſſneſs, which is ſometimes ſucceeded by hectical ſymptoms.

† The representation PL. XXXI. Fig. 2. was made at the period when the tubercles are scarcely distinguishable from the surrounding redness.

PL. XXXII. Fig. 3. represents Bug-bites, which are not surrounded by a red efflorescence.

6. In

6. In the ERYTHEMA NODOSUM, many of the red patches are large and rounded; PL. XXXII. Fig. 1. The central parts of them are very gradually elevated, and on the 6th or 7th day, form hard and painful protuberances, which are often taken for imposthumes, but from the 7th to the 10th, they constantly soften and subside, without ulceration. On the 8th or 9th day, the red colour changes to bluish or livid, and the affected limb appears as if it had been severely bruised. This appearance remains for a week or ten days, when the cuticle begins to separate in scurf.

The Erythema nodosum usually affects the fore part of the legs. I have only seen it in females *, most of whom were servants. It is preceded by irregular shiverings, nausea, headach, and fretfulness, with a quick unequal pulse, and a whitish fur on the tongue. These symptoms continue for a week, or more, but they usually abate on the appearance of the Erythema, so

* I do not remember to have seen this complaint in young children. Dr. Underwood says that it occurs, " while the double or eye-teeth are cutting," and that " it has sometimes been mistaken for the Measles." He adds, " the tumors are preceded by large spots or patches; at first of a bright red colour, but afterwards of a darker hue, resembling Petechiæ in bad Fevers."—" The tumors, I believe, never come to suppuration, but disappear again in a few days:—they are not peculiar to scrophulous habits." Vol. I. page 88, and 207.

that

that in the latter ſtages of the diſeaſe, the only ſenſations of uneaſineſs are, languor, thirſt, and diſreliſh for food.

The remedies preſcribed by me in this complaint were calomel, or ſometimes a milder purgative at firſt, and afterwards Peruvian bark, in conſiderable doſes, either alone, or combined with vitriolic acid, wine, &c. Theſe medicines were effectual in every caſe of the Erythema nodoſum, but they proved fruitleſs in the Erythema tuberculatum. I have ſeen but three caſes of this latter diſeaſe, all of which terminated fatally. Two women affected with it, became hectical, and died in a few weeks. A girl, ſix years old, died of the Hydrocephalus internus, about a month after the eruption had diſappeared.

ORDER IV.

BULLÆ.

BULLA (Bleb); DEF. XI. A large portion of the cuticle detached from the ſkin, by the interpoſition of a tranſparent watery fluid; PL. I. Fig. 10. Soon after the water is diſcharged, the excoriated ſurface is covered with a flat yellow or blackiſh ſcab, which remains till a new cuticle is formed underneath. When Bullæ have a dark-red, or livid baſe, they are denominated PHLYCTÆNÆ; Fig. 11.

Of this fourth Order, I have conſtituted three genera, Eryſipelas, Pemphigus, and Pompholyx. Whether the two latter might be properly united, or whether the Pemphigus ſhould be conſidered as a diſtinct idiopathic eruptive Fever, I do not wiſh abſolutely to decide, but wait for the opinion of judicious critics.

The ERYSIPELAS is a febrile diſeaſe, in which ſome part of the body is affected externally with heat, redneſs, ſwelling, and veſications. The tumor is ſoft, diffuſe, and irregularly circumſcribed; the redneſs diſappears on preſſure, and immediately returns when the preſſure is removed *.

Medical and chirurgical writers generally agree in their ſtatements of the characteriſtics of Eryſipelas. Antient authors, however, appear more anxious to diſtinguiſh it from Phlegmon, than to give a minute deſcription or hiſtory of it.

According to Galen †, " Heat and tumefaction are ſymptoms common to both diſeaſes, but the colour in them

* Erysipelas. Macula rubens, urens, pressione dissimulanda, tumidiuscula, superficialis, dilatabilis, desquamatione finienda. Febris Synocha, initio acuta, cum inquietudine. Linn.

Erythema is distinguished from Erysipelas, as it resembles an efflorescence (DEF. VI.) and is not attended with swelling, vesication, or any regular fever.

† Meth. Med. Cap. 14. initio, and de Arte Cur. ad Glaucon. L. II. and Comment. in Aph. 20. L. VI. See Oribas. De Morb. Cur. Lib. III. Cap. 47. Aet. Tetrab. IV. 2. 59. Celsus. V. 26.—Galen's account of the varieties of this disease, is founded on the doctrine of the four humours,

them is different,—that of Phlegmon being a vivid, permanent red,—that of Eryſipelas a pale red, inclining to yellow, which is eaſily obliterated by a touch of the finger, and which returns when the preſſure is taken off. In Phlegmon the tumor is circumſcribed, hard, tenſive, and painful: in Eryſipelas it extends diffuſely with conſiderable heat and uneaſineſs, but without tenſion or throbbing: Phlegmon is ſeated deeply in the fleſh, whereas Eryſipelas does not penetrate far below the ſkin."—He adds, that Eryſipelas is in ſome caſes attended with ulceration, and that, in others, it has a tendency to gangrene; and he thinks, with Hippocrates, that it often affects internal membranes, as well as the ſkin.

mours, supposed to exist in the body. When the disease is caused by yellow bile, he terms it an exquisite Erysipelas: when a small quantity of blood is mixed with the bile, he calls it Erysipelas phlegmonodes: if the blood predominate over the bile, it is then Phlegmone erysipelatodes, but if these fluids are mixed in equal proportions, they form, in his opinion, an intermediate disease. When the disease originates from lymph or phlegm, he terms it Erysipelas œdematodes: a hard, permanent swelling, he thinks, is occasioned by an afflux of black bile, and this, he denominates Erysipelas scirrhodes.

Paulus Ægineta considers these distinctions as of little importance in medical practice, and calls our attention to the most dangerous species of Erysipelas—that which affects the head and face. De Remed. Lib IV. Cap. 21.

I. F. Serapion * and Avicenna †, who have copied the preceding obſervations, notice the eruption of Bullæ, or Blebs, in Eryſipelas (Almeſire), as an uſual appearance, reſembling the veſications produced by fire.

Without being influenced by the hypotheſis or opinion of Galen on the ſubject, I propoſe to deſcribe Eryſipelas under four varieties; viz. Eryſipelas phlegmonodes, Eryſipelas œdematodes, Eryſipelas gangrænoſum, and Eryſipelas erraticum.

1. The ERYSIPELAS PHLEGMONODES generally affects one ſide of the face, or one of the limbs. In the former caſe ‡, the diſeaſe begins with coldneſs and ſhiverings,

* Et accidit cum Almesire ut plurimùm Vesicatio: et fortasse incipit absque vesicatione, sel ut plurimùm vesicatur. Breviar. Tract. V. Cap. 22.

† Quando fuerit ejus malitia major, habet inflationes et vesicas, et combustiones, et crustam. Avicen. Lib. IV. Fen. 3. Tract. 1. Cap. 1.

Quandoque ex calidate Erysipelatis pervenit ad hoc ut comburat cutem atque virulentiâ ejus vesicet. Id. Cap. 4.

‡ Avicenna, L. IV. F. iii. 1. 4. Actuarii Med. II. 12. Amb. Parè, L. VI. C. 12. Fernelius De Extern. Affect. VII. 4. Amat. Lusitan, pag. 17. Tagaultii Chirurg. Lib. I. Cap. 8. Sennert. Pract. Lib. II. Cap. 16. & Lib. V. 1. 7. Sydenham, Sec. VI. C. 6. H. F. ab Aquapendente op. Part

ſhiverings, which alternate with irregular fluſhes of heat: on the 2d and 3d days, the pulſe is increaſed in frequency, oppreſſed, and ſomewhat hard; the tongue is covered with a whitiſh cruſt; there is a ſenſation of languor, and general ſoreneſs, attended with thirſt, loſs of appetite, and a diſpoſition to ſleep. Dull aching pains are alſo felt in the head, neck, and back. The ſwelling uſually appears in * the ſecond night, or on the third day, at the ſide of the noſe †, and on the cheek, or ſometimes near the ear. It is of a dark red colour, ſmooth and ſoft, and attended with a ſenſation of heat and tingling. This redneſs, and the ſwelling, extend gradually over the ſide of the face, and ſpread, in ſome caſes, to the ſcalp, and to the ſide of the neck, or upper

Part. II. Lib. 1. Hafenreffer, Lib. IV. Cap. 2. Plater. De Superf. Corp. dolor. Cap. 17. Hoffmann, De Feb. Erysipelac. Wiseman's Surgery, L. I. C. 6. Platner Inst. Chir. § 156. De Haen, Theses de Febr. divis. pag. 19. Callisen Inst. Chir. Mod. § 216. Burserii Inst. Med. Pract. Vol. II. Cap. 2.

* Ex viginti subjectis hoc morbo affectis, et quorum historiam ex Instituti clinici diariis coram oculis habemus, nonnisi duo, priusquam febricitassent, sex verò post primum jam caloris ingressum, cæteri vero duodecim vel secundâ vel tertiâ a febris principio die, Erysipelate notabantur. Frank. Ded. Cur. Hom. Morb. II. p. 33.

† Incipit a lepore nasi, et augmentatur apostema, et expanditur in facie totâ. Avicenna.

part

part of the breaſt. The face then appears much diſfigured; the mouth is drawn to one ſide; the eyelids are turgid, and cloſe up the eye; the ſymptoms of fever become more violent, and are attended with delirium. On the 4th and 5th day, veſications ariſe on different parts of the diſeaſed ſurface, eſpecially at the central part of the ſwelling. They have an irregular baſe, and are of various ſizes. The fluid contained in them is at firſt clear and watery; it becomes afterwards ſtraw-coloured and opaque, or ſometimes ſlightly livid, without loſing its tranſparency. Soon after the fluid has been diſcharged from the veſications, the excoriated ſurface is covered with a yellowiſh or black irregular ſcab. The Bullæ uſually break on the 5th or 6th day, when the ſwelling begins to ſubſide, and aſſumes a yellowiſh hue. At this time alſo, there is a conſiderable remiſſion of the fever. On the 8th day, both the fever and ſwelling generally diſappear. I never ſaw this diſeaſe terminate fatally: it is, however, obſerved by authors, that ſome patients die in a comatoſe ſtate on the 7th, 8th, or 9th day. When the redneſs changes to a brown or yellowiſh hue, a ſeparation of the cuticle commences at the edges of the tumefaction, and is continued over the whole of it: a new cuticle is formed on the 10th day, and the ſcabs fall off about the ſame time.

The

The following variations occaſionally take place in the ſymptoms of this diſeaſe.

1. In young perſons of the ſanguine temperament, the tumour is ſometimes completely formed on the 2d day of the diſeaſe, and veſications appear upon it the ſame evening. The diſeaſe, in this caſe, terminates on the 6th or 7th day.

2. Old perſons are ſeldom affected with the ſwelling and redneſs till the 4th day of the febrile ſtage of the complaint. The diſeaſe is then uſually protracted to the 10th or 12th day, and deſquamation is not finiſhed before the 14th or 15th day. The veſications are not ſucceeded by ſcabs, but for ſeveral days diſcharge profuſely an acrimonious lymph.

3. I have ſeen, in one or two inſtances, both ſides of the face affected, at the ſame time, with Eryſipelas. More frequently the morbid ſide of the face is ſeparated from the other, by an exact line drawn acroſs the forehead down the middle of the noſe to the chin.

4. Sometimes the diſeaſe, after it has diſappeared on the 8th day, ſuddenly returns with the ſame violence as at firſt, and continues two or three days.

5. The ſwelling, in ſome caſes, terminates with a partial ſuppuration *. This takes place chiefly at the upper part of the cheek, and in the eye-lid.

6. The parotid and ſub-maxillary glands enlarge, and become highly inflamed, ſometimes with the ſwelling of the face, but more frequently on its decline: theſe glandular tumors often end in tedious and painful ſuppuration.

The Phlegmonic Eryſipelas affecting the lower extremities †, commences with violent ſhiverings, ſucceeded by heat of the ſkin, and fluſhing of the face, a ſenſation of laſſitude, ſickneſs, thirſt, a white tongue, a frequent ſharp pulſe, general uneaſineſs, and loſs of ſleep. The tumor, which appears on the third day of

* "A circumscribed cavity, containing laudable pus, is never seen in the legitimate Erysipelas. Where a purulent effusion happens in any considerable degree, it affords, when the part is examined, a sensation similar to that excited by a quagmire or morass. In that sort of suppuration, which sometimes supervenes to Erysipelas, the cellular membrane suffers great injury, and not uncommonly the part is in a gangrenous condition." Pearson, Principles of Surgery, § 289.

† Rudius, De aff. extern. L. 16. Plater. Obs. Lib. II. p. 483. Le Dran's Surg. Vol. II. p. 344. Wiseman, Chap. VI. case 4 & 5. Amat. Lusitan. Cur. Med. 25. Cent. II. Gabelchover. Curat. Med. Cent. III. &c. &c.

theſe

these symptoms, extends on the fore-part of the leg, from a little below the knee, to the instep, or sometimes to the sides of the foot: its colour is an intense shining red, nearly continuous: it is likewise attended with a sensation of burning heat, and with excruciating pain, so that no pressure, not even the weight of a sheet, can be born upon it. Large Bullæ or Vesications appear over the whole diseased surface on the 4th day. They break spontaneously in about 24 hours, and a prodigious quantity of acrid lymph is discharged. The febrile symptoms continue long after this period; the pain is very severe, especially during the night, and, if the cuticle has been extensively detached, the consequent ulceration, which has an uneven and very irritable surface, requires the attention of the surgeon for several weeks.

It is observed by many writers, that the Erysipelas * affecting the lower extremities begins in the inguinal glands, and extends from thence to the feet. I have seldom remarked this progress of the disease, but

* Gravi Erysipelate affecti, primo tumorem, ruborem, ac dolorem, sentiunt in inguinum adenibus, unde posteà materia ferventissimæ & adurentis quasi naturæ ad pedes descendit. Hoffman. See Frank, II. 52.

Qui in cruribus afficiuntur Erysipelate, prius circà inguina ejusdem partis dolent, cum glandularum nonnunquam tumore. H. Fabricius ab Aquapendente, and Burserius, vol. II. § 22.

I have ſeen the glands of the groin ſwell, and become inflamed ſecondarily, when the Eryſipelas has been for ſome time ſeated in the leg, as above deſcribed.—It has alſo been ſaid, that eryſipelatous tumors often ſuddenly diſappear, in conſequence of which, a violent diſorder of the brain, lungs, or other internal parts, is immediately produced: ſuch inſtances of metaſtaſis, however, I believe, ſeldom happen, if the diſeaſe be properly treated.

When the Eryſipelas phlegmonodes is ſeated in the hand, it firſt affects the thumb, or one of the fingers, with a painful ſwelling, redneſs, and veſication, and then gradually extends to the wriſt and back of the hand, and to about the middle of the fore arm. One or two eryſipelatous patches are ſometimes formed near the joint of the elbow. Loſs of appetite, with a white tongue, and febrile ſymptoms, attend this complaint: the pain is always excruciating, and during the night it is much aggravated, ſo as to preclude reſt till towards morning, when ſome alleviation of it uſually takes place. The diſeaſe continues thus for 10, 12, or 14 days, when the pain and ſwelling begin to abate, the cuticle deſquamates, and for ſome time afterwards the ſkin of the parts affected remains tender, and ſlightly diſcoloured. In ſome unfavourable caſes, matter

matter * forms, during the ſecond week, on the fingers, on the back of the hand, and on the arm: I obſerved, in one inſtance, a pouch formed near the elbow, from an effuſion of ſerous fluid under the aponeuroſis of the biceps muſcle. The pain and irritation kept up during the ſuppurative proceſs are extreme: when irregular ſinuſes take place, ſome of them communicating from one ulceration to another, the patient's miſery is protracted for many weeks, and the muſcles or tendons chiefly affected, ſuffer a material injury.

2. The Erysipelas œdematodes, uſually affects the face, the breaſt, or ſome of the extremities. It has not ſo diſtinct an acceſſion as the foregoing ſpecies, being only preceded by general debility, languor, ſickneſs, and flying pains. The ſwelling extends very gradually, and is three or four days in arriving at its height. It is of a pale red, ſometimes of a yellowiſh brown colour, and has a ſmooth, ſhining ſurface: if it be ſtrongly preſſed with the finger, the pit remains for a ſhort time afterwards. Veſications are formed on the 2d, 3d, or 4th day from the commencement of the ſwelling,

* See Wiseman on Erysipelas, Cases 3 and 6.

In ulcerato plus utique periculi metuendum, et ægris, et medicis, et per longum sæpe tempus detinet, ægrè consolidandum. Hoffmann, De Febre Erysipelatosâ, § IV. and Obs. I.

being in general numerous, of an irregular form, and but little elevated. They are prefently fucceeded by thin, brown, or blackifh fcabs, from the edges of which, a clear lymph exudes in great abundance*.

As the fwelling advances, a more confiderable diforder of the conftitution is produced. The tongue becomes white, the pulfe is foft, frequent, and fometimes irregular. The face, under this complaint, is much enlarged, fo as almoft to refemble a bladder diftended with water: the eyes are often totally clofed; at the fame time delirium takes place, and is foon after fucceeded by coma. Thefe fymptoms, in many cafes, terminate fatally about the 8th day of the difeafe. In other inftances, the tumor, the ferous difcharge, and the oppreffed ftate of the brain, continue to the 12th, 16th, or perhaps to the 20th day. Some patients die, after lingering to this late period; others recover ftrength and health very flowly.

A flighter kind of this complaint occurs every fpring and autumn, or perhaps at fhorter periods, in fome per-

* Altera verò species minori ardore et rubore se offerens, extuberantiâ tamen majore, magisque expansâ, Erysipelas œdematodes dicitur, in quo vesicæ quoque interdùm prodeunt subalbidæ, e quibus apertis, serosus humor vel saniosus, tandemque pus, effluit. Plater. De Superf. Corp. dol. p. 663.

fons,

ſons, chiefly females of a weak conſtitution*. It ſeems to be a ſequel of long continued pains in the head, or of other internal diſorders.

3. The ERYSIPELAS GANGRÆNOSUM, begins ſometimes in the ſame manner as the phlegmonic †, ſometimes like the œdematic Eryſipelas. It generally affects the face, and is attended with a ſmall and weak pulſe, a brown fur on the tongue, and delirium; this, in a few days, is ſucceeded by a comatoſe ſtate, which remains through the whole courſe of the diſeaſe. The ſwelling exhibits a dark red, inclining to a livid hue. It is puffy or ſoft to the touch, and extends from the face ſometimes to the breaſt, ſhoulders, and arms. Scattered Phlyctænæ (DEF. XI.) form upon it, within a day or two: they contain lymph of a browniſh co-

* Senibus cachecticisque corporibus, vel et mulieribus quæ menstruorum suppressione laborant, Erysipelas interdùm habituale redditur, et verno imprimis vel autumnali tempore, aut quod vidimus mense quovis periodicè redit, ut plurimùm impetu febreque carens, sed cum crura frequentiùs petierit, ulcera non raró in iisdem rebellia, aut duritiem cutis cum tumore pedis nec per vitam solvendam, inducit. Frank. II. 43.

† Procedente morbo, uti primùm Febris dolorem, tumorem, ac alia peperit symptomata, quæ indies ingravescentia nonnunquam in Gangrænam terminantur, ità hæc invicem haud mediocrem ad febris augmentum operam conferunt. Sydenham.

lour

lour, or ſlightly livid, and the ſkin at their baſes frequently becomes black and gangrenous. On the cheeks and other parts, deep ulcerations ſometimes take place with livid edges, and diffuſe a thin purulent matter in the cellular membrane around them. Mr. Pearſon obſerves, " In the Gangrenous Eryſipelas we meet with little caverns, and intercurrent ſinuſes in the tela Cellosa, containing an ill-conditioned pus; and in thoſe caſes, conſiderable ſloughs formed by the cellular membrane, &c. are evacuated from the ulcer *."—The upper eyelid frequently becomes hard, and brown, or blackiſh, and at the latter end of the diſeaſe ſphacelates: from the injury done to the ſkin and ciliary muſcles, the eye cannot afterwards be perfectly cloſed.

The dangerous tendency of this ſpecies of Eryſipelas is noticed by Hippocrates †. It does not prove univerſally fatal, but it is always tedious and precarious. The ſwelling and the febrile ſymptoms are protracted to the 20th day of the diſeaſe, or in ſome caſes beyond it: two or three weeks more elapſe before the gangrenous ſloughs ſeparate, and before the ulcerations manifeſt a diſpoſition to heal.

* Principles of Surgery, § 308. See above page 492, note.

† Επι Ερυσιπελατι σηπεδων, η εκπυησις, (κακον.) Aph. 20. Lib. VII. See Galen. Comment.

Sauvages

Sauvages has arranged under Eryſipelas, the fatal epidemic diſeaſe, termed by the French hiſtorian Mezeray, and others, Feu ſacrè, Feu St. Antoine, Mal des Ardens *, &c. I need not enter minutely into the hiſtory of this ſingular and moſt dreadful diſtemper, which is now known to originate from ergoted † rye, uſed as food.

* The first regular account of this disorder, was published by the Medical Professors at Marpurg, in the year 1597. See Hildanus, Obs. 69. Cent. II. Act. N. C. Dec. III. Ann. IV. Obs. 234, &c. Miscel. Nat. Cur. Cent. V. Obs. 82. and Hoffmann, Vol. I. Part II. Cap. 9. A full investigation of the subject, with references to authors, may be found in the Philosophical Transactions, Vol. LV. page 110, and in the Memoires de la Societè R. de Medicine, for 1776, pag. 303.

† Secale cornutum, *Ergot*, solum secale, vel duas aut tres alias plantas graminaceas Alpinas, infestans.—Vegetatio est irregularis grani secalini, quod substantiam quasi mediam inter granum et folium adipiscitur, coloris fusce viridis, irregulariter compressi, sæpe xiv vel xv lineas longum, ii latum. Tissot from Haller.

A minute description of the Ergot in rye, is given by M. Tessier, who by feeding or cramming Turkies and other animals with it, produced in all of them the dry gangrene, and death.

The Morbus Hungaricus (Sennert. De Feb. L. IV. Cap. 14.) and some other diseases, reputed pestilential, might be added to the list of epidemics, occasioned by the Ergot; or by a similar degeneration in other grain.—The Sweating-sickness, which occurred more than once in England, at the beginning of the sixteenth century, was perhaps owing to some disease or depravation in wheat, or to some noxious vegetable, growing

food. The ſymptoms of it may be divided into three ſeries or ſtages:

1. Diſtreſſing heat, with tenſive pain in the ſtomach, a ſenſation of creeping and prickling under the ſkin, ſucceeded by violent contractions of the muſcles, and moſt excruciating pains in the limbs.

2. Fever, ſevere pain in the head, terminating in

growing with it in particular situations. This disease extended chiefly over the northern counties, but neither affected the inhabitants of Wales, nor of Scotland, who did not, at the period mentioned, eat wheaten-bread. "Qui montana Cambriæ incolunt, caseo, lacte, pane avenaceo atque hordeaceo vivunt: Hiberni autem et Scoti dùriùs, &c. &c. Car. Claromontii, De Aëre, loc. & aq. Terræ Angliæ," pag. 36.—A similar disease appeared, A. D. 1529, in Denmark and Norway, Holland and Flanders, at Hamburg, Bremen, Lubeck, Dantzick, Cologne, &c. See Forestus, de Feb. pag. 157. Sennert. Lib. IV. c. 15. It is observed by Schiller (De Peste Britannicâ), that birds at that time fell dead from the trees "passim", with small abscesses under their wings. This he refers to a poisonous quality of the air; but was not the effect, more probably, produced by damaged grain taken as food, according to the result of Abbè Tessier's experiments? See Schenckii Obs. pag. 764. Galen has remarked, (De Alim. Facult. Lib. 1. Cap. 37.) that the seeds of Lolium temulentum mixed with wheat, or the degenerated grain, called black-wheat, will produce fever, head-ach, delirium, and gangrenous ulcers.—This subject is not closely connected with my present undertaking, but it appears so interesting, that I hope some physician of abilities will find leisure and inclination, to prosecute the research.

Phrenzy,

Phrenzy, Epilepſy, Apoplexy, Palſy, or Lethargy, and ſometimes in a total loſs of hearing and ſight.

3. Glandular ſwellings, and tubercles in different parts, ſwelling of the hands, legs, and feet, with an Eryſipelatous redneſs, and Phlyctænæ, &c. ſucceeded by gangrene and ſphacelus, under which, in ſome caſes, the limbs fall off, joint by joint.

The duration of theſe ſymptoms varies, in different caſes, from three weeks to three months; and in ſome perſons, the gangrenous Eryſipelas, or, as it is called, the dry Gangrene *, comes on, and even deſtroys the limbs, without fever, and without any previous ſuffering.

* La Gangrène sèche est caracterisée par la mortification de quelques unes des extrémités, et quelquefois de toutes. Souvent est elle précédée d'une rougeur qui n'est point inflammatoire, et de quelques Phlyctènes. Le membre s'engourdit, devient doloureux, et éprouve un sentiment de froid, ou plus souvent d'une ardeur insupportable. Les vaisseaux s'oblitèrent, les chairs se noircissent, se durcissent, la gangrene pénêtre jusqu' aux os, et le malade aux prises avec la mort, est encore heureux, si, la partie gangrénée se separant d'elle-même, il sûrvit a la perte de ses extremités. Soc. de Med. 1776.

The *Malum mortuum*, mentioned by Constantine, Gordon, &c. after some of the Arabian physicians, seems to have been either this dry Gangrene, or the gangrenous ulceration in the last stage of Scurvy. Foresti Obs. Chir. 14. Lib. V. Sennertus, Lib. I. p. 1. cap. 27. Engalenus, De Scorbuto, Obs. LX. Fernel, De Abd. rerum causis, L. II. Cap. 15. pag. 635.

4. In the ERYSIPELAS ERRATICUM, red patches, of an irregular form, having all the characteriftics of Eryfipelas (pag. 486), appear, one after another, on different parts of the body. When it affects adults, this complaint extends, in fome cafes, progreffively from the face * to the extremities, the patches above declining, as frefh ones appear below. In other inftances, the red patches arife in various fituations, without any certain order, thofe which firft appeared remaining till the whole eruption be completed. Some part of the face is ufually affected with rednefs and tumefaction during the courfe of the diforder. The Eruption is attended with a quick pulfe, a white tongue, and great debility. It terminates, for the moft part, favourably,

* Extrema materiæ ex unâ in alteram partem volubilitas, sæpe ex leviori istiusmodi affectu, mox gravissima in aliis symptomata minatur. Præter alia non pauca inconstantis morbi exempla, aliud nuper in fæminâ conspeximus, cui Erysipelas, ad decimam tertiam adeò morbi, diem, ex facie ad pedem; ex hoc verò post paucum tempus ad coxam; mox iterùm ad vultum; ex isto ad intestina; ex abdomine ad eundem iterùm pedem; nunc ad costas & pulmonem; ultimo verò, ac lethali affectu, in cerebrum conversum est. Frank de cur. hom. morb. II. p. 38.

The account of Erysipelas typhodes in Sauvages, CL. III. ORD. I. 2. seems to be taken from a particular case of erratic or gangrenous Erysipelas. The patient, a delicate lady, was repeatedly vomited and purged, and was bled fourteen times; she lived, however, to the thirtieth day of the disease.

ably, in about a week. I recollect but one case, in which the disease proved fatal.—A labouring man, aged 40, after much fatigue and exposure to cold, was affected with a cough, shortness of breath, and febrile symptoms. Five days afterwards, an erysipelatous patch appeared on his left shoulder, and another on the left leg. On the 7th day, similar patches appeared above and below the knees. On the 8th, his eyelids became tumid and red. About this time, the other swellings assumed a livid hue: the febrile symptoms increased, and were attended with deafness and coma. On the 9th day, the tumor of the right eye extended to the temple, upon which small Phlyctænæ soon after formed. On the 11th and 12th, the patient seemed totally insensible; his pulse became feeble and irregular, and he died on the following day.

There is a singular species of Erysipelas, which affects infants newly born. In some instances, the disease has been connate: more frequently, however, it appears a few days after birth *, on one side of the face, or on the neck, back, and arms, but especially about the navel, being attended with redness, and a painful tumefaction. It soon extends, in irregular

* In a few cases, it has occurred in the 3d, 4th, and even as late as the 6th month. Dr. Underwood, p. 34. & Act. nat. Cur. Vol. VII.

patches, to the genitals, to the thighs, and down to the feet, and the ſwellings are ſucceeded in a day or two by Phlyctænæ (DEF. XI.). During their progreſs, the child is feveriſh, reſtleſs, and unwilling to ſuck. The complaint often terminates favourably in ten or twelve days. It is, however, to be obſerved, that the Eryſipelas, thus affecting infants, aſſumes in many caſes the gangrenous form, the redneſs ſoon changing to a purple or livid colour, after which the integuments of the abdomen, nates, and lower extremities, exhibit ſphacelated ſpots. If the child live, under this ſtate, a ſufficient length of time, ſome of the toes or fingers, or even the genitals, are nearly deſtroyed by the mortification. The diſeaſe, however, uſually terminates in death, before any ſlough or ſeparation can take place *.

The Maculæ volaticæ infantum of Sennertus, which, it has been obſerved (pag. 28), ſeem to coincide with the Strophulus volaticus, deſcribed in a former part of this work, are thought by ſome authors to refer likewiſe to the Eryſipelas affecting new-born infants. Sennertus's † account of them, is as follows: " Libelli

* Umbilicalem regionem in infantibus frequentiùs infestat, ac indè per abdomen spargitur cum gravibus pathematibus, funesto utplurimùm eventu. Hoffmann.

† Lib. V. Part iii. Sec. 1. Cap. 6. Compare Sebizii Manual. Part. VI. Cap. 32. De Volaticâ.

practici

practici Germanici, ut in Gabelchoveri Practicâ, et Promptuario medico Wittichii, et aliis, videre eſt, faciunt inter morbos pueriles mentionem affectûs, Der Flug appellati, quem nunquam vidi. Deſcribunt autem, quod ſint Maculæ quædam volaticæ, rubræ, vel purpureæ, in cute hinc inde ſerpentes, quæ ſi orificium aliquod, os puta, nares, oculos, aures, nates attingant, et eouſque penetrent malum, lethale fieri: quæ Maculæ, ſi dantur, proculdubiò Eryſipelatis ſpecies ſunt."

In the Miſcellanea Curioſa * for the year 1684, a diſtinct caſe of the infantile Eryſipelas, is given by Dr. J. Burgius, in which, all parts of the body were affected ſucceſſively, excepting the breaſt, the chin, and the prominent part of the forehead. The diſeaſe terminated favourably, by deſquamation, in about three weeks.

This complaint is denominated Herpes eryſipelatoſus ſeu volaticus infantum, by Dr. Buckner, Miſcellanea-Phyſico-Medico-Mathematica, Ann. 1727; and by Dr. J. H. Furſtenau, (Act. Nat. Curioſor. Tom. IV. Obſ.

* Dec. II. Ann. iii. pag. 334. The case is quoted, Medical Communications, Vol. II. p. 42.

35.)

35*.) both of whom have noticed the fatality of it, and have ſavoured us with ſeveral intereſting obſervations.—A caſe of the Herpes eryſipelatoſus, occurring in a child ſix months old, is given by Dr. Schlierbach, Tom. VII. Obſ. 66. He ſays, Eryſipelas cum efflореſcentiis a facie, pectus et humeros ulteriùs ſerpendo occupabat, hisque relictis, dorſum et abdomen pervagabatur ſucceſſivè, cum inſigni ſcroti intumeſcentiâ, multumque tunc negotii faceſſebat, ſiquidem etiam veſiculæ pellucidæ hinc indè interſperſæ adparebant, donec ſpatio trium hebdomadum totum corpus derelinqueret, priſtinaque ſanitas rediret, poſtquam internè uſus alexipharmacorum et temperantium, unà cum decoctis ex lignoſis et anti-catarrhalibus paratis; externè verò leniter exſiccantia et camphorata ſimul, in ſubſidium vocata fuerant. Battenbergæ d. 4 Jun. 1724.

An enlarged account of this diſeaſe, with caſes and obſervations, appears in the 2d Vol. of Medical Communications, publiſhed by the Society for promoting Medical Knowledge; London, 1790. Dr. Bromfield ſtates the caſe of a child, "born with its whole face

* Compare Tom. VIII. Obs. 97. where, he observes, the disease was less fatal to female children than to boys.—De scroto funesto eventu affecto, passim observationes prostant;—genitalia in puellis, natesque, impunè affecta, subindè vidi.

ſwelled

fwelled and inflamed, particularly the left fide of it, which had the true eryfipelatous appearance. The legs, feet, and hands were likewife fwelled and inflamed, and, on each tibia, there was a dark-brown or livid flough of an oblong form; that on the left, extended almoft two-thirds of its length, was nearly an inch in diameter, and had a granulated appearance; that on the right was not fo large. The ends of the toes felt cold, and were covered with black floughs."—On the 3d and 4th day, numerous vefications formed on the face and legs, which, when broken, difcharged a fanious fluid. On the 7th day, a yellow flough appeared on the metatarfus of the left foot, near the leffer toes; this in a day or two became quite black.—On the 9th, the floughs began to feparate; on the 10th day, the cuticle and fome of the nails of the toes of the left foot came away with the dreffings, leaving the toes covered with a new cuticle. On the 15th and 16th, the thick floughs came off from the tibiæ, and left the denuded parts of a florid good colour.—On the 16th and 17th, the floughs were feparated from the cheek and forehead; that on the metatarfus did not come away till the 19th. On the 18th, fome aphthæ were obferved on the tongue and lips, but they foon difappeared. "On the 25th, the floughs from the hand feparated, when the little finger, and two joints of that next to it, came away on the dreffings. Five days after

after, one joint of the middle finger came away in like manner. On the 32d day, the child was removed from the Hofpital."—Dr. Bromfield faw this infant ten days afterwards, in perfect health.

In the cafes recorded by Dr. Garthfhore, the difeafe chiefly affected the genitals, and the abdomen, near the umbilicus. More than two-thirds of the patients recovered.—Of eight who died, five were carried off fuddenly in lefs than 48 hours. In one, who had the Eryfipelas on the left arm, fuppuration took place at the back of the hand, and alfo near the elbow: the other arm and the legs were foon after affected with rednefs and tumefaction; and on the 11th day, the abdomen, as high as the navel, became tumid, and of a dark red, or purple colour. On the 12th day, the fkin of the nates and loins was variegated with gangrenous fpots and pale interftices, and the rednefs extended round the neck to the roots of the hair. This child died on the 13th day.—" In two other cafes, the inflammation feized the genitals with fuch violence, that vefication and mortification came on fo rapidly, as to render all of endeavours to relieve the complaint ineffectual. One thefe patients died on the third, the other on the fourth day." Dr. Garthfhore further remarks, " More children have died when the genitals were firft affected, than when the difeafe attacked any other part."

To

To theſe accounts of the infantile Eryſipelas, Dr. Underwood adds, " Upon examining ſeveral bodies after death, the contents of the belly have often been found glued together, and their ſurface covered with inflammatory exudation, exactly ſimilar to that found in women who have died of puerperal Fever. In males, the tunicæ vaginales have been ſometimes filled with matter, which had evidently made its way from the cavity of the abdomen, and accounts for the appearances of the organs of generation juſt now deſcribed: in females the labia pudendi are affected in like manner, the pus having forced a paſſage through the abdominal rings *. —" In a few inſtances, the diſeaſe has been attended with ſome varieties. Infants have not only come into the world with ſeveral hard and ſub-livid inflammatory patches, and ichorous veſications about the belly and thighs, but with other ſpots already actually in a ſtate of mortification. A large eſchar has ſoon ſpread upon the ſpine of the tibia, with ſmaller ones about other parts of the legs, and on ſeveral of the toes and fingers." Pag. 37.

An appearance, which has taken place, in a few caſes,

* On the diseases of children, Vol. I. p. 35.

ſoon after inoculation with variolous matter, ſeems referable to Eryſipelas. The arm inoculated becomes within 30 hours, red and conſiderably ſwollen from the ſhoulder to the elbow. On the 4th or 5th day of the inoculation, the redneſs and ſwelling appear on the fore-arm, and before the end of the 6th day, they extend in patches down the back. On the 8th and 9th day, the hands are much ſwollen, and ſometimes veſicated, and the redneſs is diffuſed over the legs and inſteps, with ſymptoms of Fever, difficulty of breathing, and violent irritation. Of two infants, thus affected, one died on the 14th day after inoculation, the other on the 15th, the Small-pox not having appeared. One of them, aged four months, was inoculated from the confluent chryſtalline ſpecies of Small-pox; the other, aged three months, with recent fluid, taken from a favourable ſubject in the Hoſpital.—A ſimilar complaint occurs, about a fortnight after the variolous eruption has begun to decline, in ſome caſes, both of the natural and inoculated Small-pox*: it continues for a week or two, extending gradually in large and elevated patches

* All the appearances described, have been likewise observed two or three weeks after Vaccine Inoculation. See the cases stated by Mr. Maddock, Dr. Clutterbûck, and Dr. Barry, in the Medical and Physical Journal for 1801; and by Mr. Morrison, in the Medical and Chirurgical Review, Vol. IX. pag. 389.

over the whole body, with partial veſication: during its progreſs, the patient ſuffers greatly from heat, fever, loſs of ſleep, and frequent nauſea or vomiting.

I have obſerved, in ſome caſes, at nearly the ſame period after the Small-pox, another appearance, which is attended with fever, and in general conſidered as eryſipelatous *, but which, perhaps, may be properly ranked with the Erythema marginatum, page 477. A circle is formed round the vertex, with a dark-red and elevated circumference, including an area of a more dilute red colour. The area gradually dilates, the border advancing a little daily. Thus, in ſix days, it paſſes over the face and ſcalp to the neck, and produces a conſiderable ſwelling of the face, and of the eye-lids. The red border then proceeds from the ſhoulders and axillæ, down the arms, and along the trunk of the body, which it nearly ſurrounds; at the beginning of the third week it reaches the groin; afterwards it encompaſſes the thighs †, and in a few days extends to the feet, producing a conſiderable tumor of the inſtep. The hands, in like manner, when the border has paſſed on to them, become hard, ſwollen, and contracted.

* "The redness has the appearance of an Erysipelas, and is attended with swelling and hardness of the skin." Dr. Winterbottom.

† See PL. XXXIII. Fig. 2.

For two or three inches behind the elevated border, the ſkin remains reddiſh, or ſtreaky, ſo that when the abdomen is affected, it appears as if encompaſſed by a pink ſaſh or girdle. At a greater diſtance, the ſkin becomes of the uſual colour, unleſs it be chequered with patches of redneſs, which in ſome caſes appear, from time to time, but do not continue long. The parts over which the border has paſſed, deſquamate in ſucceſſion. A month, reckoned from the beginning of the complaint, ſometimes elapſes before a new cuticle is formed.

In one caſe, the red circle firſt appeared round the neck, with much pain and ſwelling of the lymphatic glands; it then advanced over the face and ſcalp, and, at the ſame time, another red border proceeded downwards, over the cheſt and trunk of the body, to the lower extremities. Mr. Wachſel ſhewed me lately, at the Inoculation Hoſpital, a caſe of this kind differently modified. About 20 days after the decline of the natural Small-pox, he obſerved on a child two red circles advancing as above deſcribed, one from the vertex downwards, the other from the ancle or inſtep upwards. On the day, in which theſe circles met, in their progreſs over the trunk of the body, the child died.

The chief exciting cauſes of Eryſipelas are intemperance, and expoſure to cold after violent exerciſe, particularly

particularly in ſummer *. The diſeaſe appears in different forms according to the age and conſtitution of the perſons affected. Thoſe who are young and robuſt have the phlegmonic Eryſipelas: women, old men, children, or in general, perſons of a weak habit, are moſtly affected with the œdematous, gangrenous, or erratic Eryſipelas. Reſpecting the cauſes of Eryſipelas occurring in infants at their birth or ſoon afterwards, Dr. Garthſhore obſerves, pag. 40, "We found that, in ſeveral inſtances, the mothers had indulged themſelves in the uſe of ſpirituous liquors; but, in many others, we could diſcover no ſuch cauſe, nor indeed any other,—though, upon the whole, it has chiefly attacked the delicate children of weakly mothers."—This diſeaſe ſeldom appears but in Hoſpitals and Work-houſes, where only thoſe women can be ſuppoſed to repair, who have no hope of domeſtic comforts, and ſupport, during the pains of child-birth, or in the ſtate of weakneſs after

* Inter hæc primum locum sibi vindicant animi affectus vehementes, ira præsertim, ac terror . . . . Excludit dein Erysipelas aer nimis calidus, et intensior solis ardor, necnon vicissim subita & vehemens corporis vel pedum refrigeratio. Idem facit cibus calidus, potus exæstuans, crebra ebrietas, necnon balneum fervidius . . . . Speciatim capitis Erysipelas frequentiùs accidit his, qui diū noctuque in aere humido & pluvioso degunt: item senibus & puerperis, a frigidioris venti in unam magis partem ac fortiori actione, sæpissimè hic morbus originem agnoscit. Hoffmann, de Febre Erysipelaceâ, & Frank. II. 47.

it.

it. Inſufficient diet, in addition to the anxiety and diſtreſs often endured previouſly to admiſſion, will fully account for the reduced ſtate of conſtitution in many of the mothers, and in their offspring.

It does not ſeem neceſſary to conſider an appearance reſembling Eryſipelas, occaſioned by the ſting or bite of certain inſects, or by other cauſes of irritation, which have a temporary effect on the ſkin, without always affecting the conſtitution. The eruption produced by ſeveral animal and vegetable poiſons, and deſcribed by authors * as an univerſal Eryſipelas, ſhould perhaps be ranked under the genus Urticaria.—I think it likewiſe unneceſſary to deſcribe the ſymptomatic Eryſipelas, produced by wounds, or punctures, in the head or extremities, eſpecially when the perioſteum has been injured. This ſevere and dangerous complaint is noticed by all ſyſtematical writers on Chirurgery, ſince the time of Hippocrates †; and an efficacious mode of treating it, ſeems to be now eſtabliſhed in our Hoſpitals.

When the acrimonious lymph, contained in the Phlyctænæ or veſications of a genuine Eryſipelas, is inoculated, or caſually applied to any ſlight wound in a

* See Sauvages Nosol. Method. Erysipelas.

† Sect. VII. Aph. 19.

perſon,

person otherwise healthy, it produces febrile symptoms, with a red and painful but diffuse swelling, analogous to that of the disease, from which the virus was derived.—The Erysipelas, however, more especially the form of it intitled Erysipelas phlegmonodes *, is not, in general, ranked by medical authors among contagious disorders. Dr. Wells has stated, "several facts, which seem to prove that it may, sometimes at least, be communicated from one person to another †."—We should scarcely expect that the erratic form of Erysipelas, occasionally affecting new-born infants, could be either communicated, or received, by contagion; but the following instance, adduced by Dr. Wells, on the authority of Dr. Pitcairn, deserves consideration. "A lady, immediately after delivery, was attacked with a fever, which was accompanied with an

* In the year 1785, I saw a young girl, severely affected with this species of Erysipelas, in consequence of exposure to cold. Her mother, a healthy woman of about 40 years of age, who had been her only nurse in the complaint, was suddenly affected on the eighth day of her attendance, with symptoms of fever, and with an erysipelatous tumor on one side of the face. No satisfactory conclusion can be drawn from a single instance, and I have not met with another in the three-and-twenty years which have elapsed since the period mentioned.

† Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge; London, Vol. II. page 213.

affection

affection of her ſkin, ſomewhat like Eryſipelas. Her child, about three days after its birth, was ſeized with that ſpecies of Eryſipelas, the French call *la gelure*, which firſt appeared about the pudenda, and afterwards extended itſelf to other parts of the body, among the reſt to the face. Both the lady and her child died after a few days illneſs: and about eight days after the death of the child, the lady's mother and the ſervant maid, both of whom had attended it during its illneſs, were attacked with Eryſipelas of the face, from which, both of them recovered."—In Hoſpitals, even the ſymptomatic Eryſipelas, produced by a wound, or a puncture, has ſometimes become contagious, and proved fatal to ſeveral perſons in the ſame ward. The diſeaſe, in ſuch inſtances, is probably combined with the Typhus or malignant Fever. In like manner (ſee page 333-4), this Fever is often complicated with an ulcerated Sore-throat, and has thus been extenſively communicated from one perſon to another, as it were under a double form.—A ſimilar complication may be ſuppoſed to take place, when the puerperal Fever * ſpreads by contagion.

* The contagious puerperal Fever, chiefly occurs in Lying-in Hospitals. See M. Pouteau's Observations, in the Mem. de l'Acad. des Sciences. This disease has been observed at Paris, Lyons, Dublin, London, Edinburgh, &c. and was generally fatal. On dissection, there appeared in the

All the ancient writers, except Galen, recommend blood-letting as a principal remedy in the treatment of Eryſipelas. This practice muſt evidently be improper in the three forms of Eryſipelas laſt deſcribed, and even in the Eryſipelas phlegmonodes, it does not always appear neceſſary. When the blood drawn is ſizy, practitioners are often induced to bleed a ſecond time *; but we generally find, in London, that repeated blood-letting aggravates the ſymptoms, and protracts the diſeaſe †. In a comatoſe or apoplectic ſtate, the application of leeches, or cupping glaſſes, at the nape of the neck, may be adviſable.

Many phyſicians object to bliſters in Eryſipelas: I have applied them occaſionally, between the ſhoulders,

the womb, peritoneum, or omentum, some degree of inflammation, with patches of gangrene. At Edinburgh, in 1774, the contagion was suppressed by ventilating the wards, by white-washing the walls and ceiling, and by cleansing the floors, bedding, and furniture.—See Dr. Hull's remarks, On Phlegmatia dolens, Pag. 46—8. Manchester, 1800.

* Sanguis, copiâ satis largâ, quamprimùm mittendus est, &c. Mead, Monita Medica, Sec. VI.

Prof. Cullen, at Edinburgh, "employed blood-letting, according to the urgency of symptoms," to the eighth, ninth, or tenth day of the disease. § 563. First Lines, and Lectures on the Practice of Physic.

† See Bromfield's Chir. Obs. Vol. I. p. 108.

with manifeſt advantage, when the face and ſcalp were affected. I muſt, however, obſerve, that it is not ſafe to put either bliſters or leeches on or near to the diſeaſed ſurface. Saline medicines, and preparations of antimony, or the compound powder of ipecacuanha, may be employed as diaphoretics, according to the circumſtances of the diſorder. The effects of Camphor and the dulcified acids, in allaying the febrile ſymptoms, and preventing too great a determination of blood to the head, ſeem to have been much over-rated by Hoffmann and other writers *.—It is requiſite, every other day, to adminiſter a gentle purgative, ſince coſtiveneſs is an uſual ſymptom of the Eryſipelas phlegmonodes. Dr. Friend thinks the uſe of active purgatives indiſpenſable in this diſeaſe, and has made ſome general remarks on the ſubject, which deſerve attention †.

Eſt et aliud morbi genus, idque ſatis periculoſum, in quo etiam, cum minimè deferbuerit febris, ità mirificè proficiunt purgantia, ut aliquandò ſine iis ad ſanitatem perveniri non poſsit. Morbus is eſt capitis Eryſipelas. . . . Satis mihi experimentis edoctus eſſe videor ut pronuntiem, ſiquandò cerebro tentato oboriatur coma, de-

* See Hoffmann, De Feb. Erysipel. &c. &c. Riverii, Obs. Med. 18. Cent. XI.

† Commentarii De Febribus, pag. 135-137.

lirium

lirium, nervorum diſtenſio, aut nullam ſubeſſe ſpem ſalutis, aut purgantia maximè profectura: neque in his rerum anguſtiis expectandum eſſe, quod et in Variolis experimur, dùm vel febris lenita ſit, vel tumor planè ſubſederit. Quodſi morbum jam ad extrema perductum ſubmovere poſſit purgatio, certè eadem temporiùs adhibita, ne is ità longè ſerpat, præcavebit.—Compare Rodericus a Fonſecâ Conſult. Med. 44.

In the Eryſipelas œdematodes, we ſhould employ bliſters, diaphoretics, volatile alkali*, and purgatives, during the firſt three or four days, and afterwards Peruvian bark, conjoined with diuretics. By theſe means, the duration of the complaint may be conſiderably ſhortened.

In the Eryſipelas gangrænoſum, a free uſe of the

* "In these disorders, (as well as in the Scarlet fever (page 377), whether common or malignant, I generally give about six grains of the volatile alkali (carbonate of ammonia) at a dose, either in a state of solution, or made into pills, ordering the dose to be repeated every two, four, six, or eight hours, as the degree of disorder, or the urgency of symptoms may seem to require."—Dr. Peart's Practical Information on Erysipelas, Erythema, &c. &c. London, 1802.

"It would be imprudent in me to say positively that the volatile alkali is a specific in these disorders, but I certainly can say, that its effects have constantly been such, in my practice, as powerfully to incline me to think so, and to excite me to hope it will be found so." Do. page 24.

 bark

bark * is neceſſary throughout. The mineral acids, and opium in moderate doſes, are likewiſe of great utility. In other reſpects, the plan and regimen is the ſame as in malignant Fevers.

The Eryſipelas erraticum requires nearly the ſame treatment as hath been already directed for the Eryſipelas œdematodes. When this diſeaſe affects infants, and ſhews a tendency to gangrene, the powder of Peruvian bark, or ſome preparation of it, ſhould be diligently adminiſtered. Beſides this remedy, the Phyſicians of the Britiſh Lying-in-Hoſpital applied ſpirituous embrocations, particularly the camphorated ſpirit of wine, with ſignal ſucceſs. Dr. Garthſhore † obſerves, "I know but of one inſtance, wherein this mode of treatment, when early and regularly purſued, has not proved ſucceſsful; and even in that, its efficacy in protracting life, ſeemed conſiderable." He adds, "There is no diſeaſe in which I can ſpeak of the apparent good effects of the bark with more confidence than in this. Beſides what I have ſeen of its efficacy in the Hoſpital, I have had ſeveral opportunities of pre-

* "Dr. George Fordyce, for upwards of twenty years, had been accustomed to give, at St. Thomas's Hospital, a drachm of the Peruvian bark in powder, every hour, in dangerous states of the Erysipelas."

Dr. Wells.

† Med. Communications, Vol. II. pag. 34. 37.

ſcribing

ſcribing it for the ſame appearances (though in a milder degree), in private practice. I have often ſeen the diſeaſe, after attacking ſucceſſively all the different parts of the trunk and extremities, at length yield to the continued uſe of this remedy."

"Saturnine applications, in ſome of our firſt caſes, where the bark was given internally at the ſame time, were thought to be uſeful; yet, from a variety of inſtances, which have occurred ſince, I think I am juſtified in concluding, that when uſed by themſelves, they were ſo far from ſuſpending, that they ſeemed to accelerate the fatality of the diſeaſe. For this reaſon they have been laid aſide at the Hoſpital for many years."

External applications are ſeldom neceſſary in the other forms of Eryſipelas. In order to allay the irritation produced by the acrid diſcharge from the broken veſications (pag. 490-3), we may, from time to time, advantageouſly foment or waſh, the parts affected, with milk, bran and water, thin gruel, or a decoction of elder flowers and poppy-heads.

ORDER IV.

II. PEMPHIGUS.

THE PEMPHIGUS* is an acute diſeaſe, characterized by an eruption of Phlyctænæ, or Veſications with an inflamed baſe, appearing in ſucceſſion on different parts of the ſurface of the body, and ſometimes in the mouth. It differs from Eryſipelas in its progreſs and duration, but it is more particularly diſtinguiſhable from that diſeaſe, as it does not exhibit any tumefaction, or redneſs, of the parts on which the veſications appear.

* This disease is termed by the German physicians, Febris bullosa, ampullosa, or, vesicularis.

In Febre pemphygode, ampullosâ dictâ, tàm facies et os, quàm caput et aliæ partes corporis, bullulis hinc indè protuberantibus interstinctæ observantur. Etmuller de Febribus acutis, pag. 288. Compare Delii Amæn. Med. Dec. I. Vogel, De Morb. cogn. et curand. § 159. Burserii Institut. Med. Pract. Vol. II. Cap. 7. Macbride's Introduction, II. 389.

The varieties of Pemphigus, defcribed by medical writers, may be arranged under the titles, Pemphigus vulgaris, Pemphigus contagiofus, and Pemphigus infantilis. Having never myfelf feen an inftance of either of the former, I cannot do more than ftate what has been faid refpecting them by authors.

1. The PEMPHIGUS VULGARIS coincides with the Pemphigus major of Sauvages, and the Febris veficularis catarrhalis of Delius*. From the different accounts of this complaint, it appears, that after a feries of febrile fymptoms, as fhiverings, heat of the fkin, head-ach, thirft, naufea, a fenfe of oppreffion, with anxiety in the ftomach and cheft, difficulty of fwallowing, and often a delirium, the Bullæ arife, with a flight rednefs at their bafes, generally on the fecond or third day, but, in fome cafes, on the fourth, fifth, or fixth day. They are, at their firft appearance, very fmall, but within forty-eight hours, they increafe to the fize of a filbert or a walnut, and are furrounded by a dark red border: they are diftributed over all the furface of the body, and fometimes over the tongue, fauces, and infide of the cheeks. The eruption of them takes place fucceffively, and is, in different cafes, compleated in four, fix, or eight days:

* Amænitates Medic. Dec. I. Cas. 9.

during

during that time, the febrile ſymptoms, in which there are only ſhort remiſſions, denote conſiderable danger. As the bullæ or phlyctænæ decline, the contents of ſome of them become yellowiſh, of others ſlightly livid. When they are broken, the ulcerated ſurface appears alſo livid, and diſcharges a thin ſerous fluid for ſome days, being finally covered with a black or yellowiſh ſcab. Two or three weeks elapſe before theſe ſcabs dry off, and the cuticle is reſtored.

I quote the following caſe at large, as it ſeems to have been the prototype of the deſcriptions of Pemphigus in ſeveral Noſologies.

D. Ch. Seliger, de Febre Pemphygode, ſeu Bulloſâ.

" Minimè rectè eos ſentire autumat Cous (De rat. vict. in acut.), qui morbos in minutioribus differentes, uno eodemque nomine nuncupare nefas eſſe ducunt. Licitum itaque erit, ſequentem caſum ad Febres bulloſas referre, quantùmvis ampullæ non tantùm fauces ſed alias etiam corporis partes externas occuparint. Anno 1667, 25° Auguſti, Frid. Klimpel, quinquagenarius, et in ſuburbio noſtro degens, vicino ſuo in tegendâ novâ domo ſuppetias fert: in culmine autem conſtitutus, malignâque quâdam aurâ perculſus, in-

opinatò dolorem capitis graviſſimum, cùm calore præternaturali conjunctum, perſentiſcit. Sequenti mane accerſitus audio patientem de intenſiſſimo calore, capitiſque dolore immaniſſimo, cum interiorum horripilatione quâdam, querelas agentem. Rebus ergo ſic ſtantibus, pro more mihi conſueto, ad nobiliora bezoardica, et alexipharmaca præcipitantibus mixta, ſtatim confugiebam, præſcriptis aliis pro calore et fermento febrili compeſcendo, et pro levando capitis dolore. Circà ſolis occaſum advolat uxor ejuſdem, faciemque mariti mirum quantùm intumuiſſe refert. Ego, cùm virium naturalium præſentiam exquiſiviſſem, eandem bono animo eſſe jubeo, et continuationem prædicti pulveris impero. Aug. die 27°: Patientem rurſus viſito, fauceſque ejuſdem, et faciem bullis adeò defœdatam deprehendo, ut vix cognoſcibilis eſſet: immò ipſe etiam collum, manus, thoracem, tibiaſque, et alias corporis partes, quæ libero jovi fuerant expoſitæ, bullis majuſculis inſtar globulorum quibus pueri ludunt contectas monſtrabat, ut ne hilum genuinæ et naturalis cutis dignoſcere poſſem: calor verò præternaturalis nonnihil remiſerat, reliquaque ſymptomata non adeò urgentia erant: ideòque a medicaminibus non deſtiti, et ſic intrà octiduum patientem, deo benedicente, priſtino vigori reſtitui *.

* See Ephem. Ac. Nat. Cur. Dec. I. Ann. viii. Obs. 56.—A similar case is recorded by Schenckius, Obs. Med. 2. L. VI. p. 771.

 The

The firſt author, who employs the term Pemphigus, is Sauvages. To the hiſtory of the diſeaſe, abſtracted from the above narrative, and from the Amœnitates Medicæ, he has added ſome ſlight particulars of a caſe under his own obſervation. "Primùm illum obſervavi Anno 1725, in Noſocomio Monſpelienſi, apud militem cui, in Febris acutæ continuæ initio, numeroſæ in abdomine et femoribus exoriebantur veſicæ hemiſphæricæ, pellucidæ, in ambitu rubræ, quibus correptus fato ceſſit."—The title Pemphigus is likewiſe applied in Sauvages's Noſology, and in ſeveral Medical Journals, &c. &c. to an eruption of Bullæ, without fever. Caſes of this kind I propoſe to conſider under the next genus.

Dr. Winterbottom, phyſician to the colony at Sierra Leone, deſcribed to me an eruption, reſembling that of Pemphigus, which he had obſerved on the ſecond day of an intermittent or remittent Fever.—"A black woman, aged about forty, was affected in the afternoon of the 14th of Auguſt, with a paroxyſm like the cold fit of an Ague, for three quarters of an hour. This was ſucceeded by great heat, reſtleſſneſs, and anxiety, which ſymptoms continued nearly through the night, and then terminated by a profuſe perſpiration. On the 15th, ſhe felt a troubleſome itching on one arm, and obſerved there an eruption of veſicles or bullæ. The ſize

ſize of them preſently equalled that of a filbert nut.— In the evening, ſhe had a return of the febrile heat, followed by ſtrong perſpiration, but not preceded, as before, by a cold ſtage.—When I ſaw her on the 16th, ſhe was free from complaint, but much alarmed at the appearance of the bullæ, of which there were ſix on the right arm, one above the inner condyle, the reſt on the inſide of the fore-arm. When opened, they diſcharged each about half a teaſpoonful of a thin yellowiſh fluid, and in a few days, the ſuperficial ulcerations were ſkinned over: the paroxyſm did not return, though the only medicine adminiſtered was a doſe of ſalts."

In the caſe of Pemphigus reported by Dr. Dickſon to the members of the Royal Iriſh Academy *, a middle-aged delicate woman, who had been much fatigued by attending her huſband through a low Fever, was herſelf affected with ſymptoms of fever, and with a ſore-throat. On the 4th day of the fever, there were large veſications on the tongue and inſides of the cheeks, filled with yellowiſh ſerum. On the 5th and 6th days, ſimilar veſications appeared ſucceſſively, on her cheſt, right arm, neck, and cheek. Others, of different ſizes, appeared on the 9th, 10th, and 13th days, chiefly over the abdomen. Each ſet of veſicles conti-

* Transactions, Vol. I. 1787.

nued four or five days, when the lymph was difcharged, and the cuticle became fhrivelled. The fever was, at firft, attended with delirium, and, at the latter end, with confiderable diforder of the ftomach and bowels; thefe fymptoms abated on the 15th day, on the appearance of the catamenia, and the patient was foon afterwards reftored to health.

Dr. Dickfon mentions, as a peculiarity of this diforder obferved by him in two inftances, "that the veficles took poffeffion of the internal parts of the body, and proceeded in fucceffion (fome rifing, while others decayed) from the mouth downwards, through the whole alimentary canal."—The principal remedies employed by him in this cafe, were Peruvian Bark and anodynes.

2. PEMPHYGUS CONTAGIOSUS. The only circumftantial account of an epidemic and contagious difeafe, anfwering to the definition of Pemphigus, is given by a Swifs phyfician, Dr. Langhans, in the Acta Helvetica*, Tom. II. pag. 260.—Dr. Cullen thinks the difeafe there defcribed, muft have been the malignant Sore throat, and Dr. Frank refers it to the Scarlatina anginofa.

* His Essay is entitled, Brevis delineatio Morbi qui, Anno 1752, in Valle Simmiâ, epidemicè grassatus est:—The annexed translation of it was made by my friend Dr. Cooke.

They

They are not, however, ſufficiently warranted to make this concluſion from Dr. Langhans' ſtatement of the ſymptoms, which is as follows.

"Towards the end of the laſt winter, an epidemical diſeaſe of a very peculiar nature, hitherto undeſcribed and unknown, made its appearance in this country, and prevailed, through the whole ſucceeding ſummer, in ſo violent a degree, that all perſons affected by it died. It was ſo highly infectious, that no perſon eſcaped it, who had for any length of time been expoſed to the contagion; hence it ſpread through whole families, with great rapidity."

"This diſeaſe bears more reſemblance to the Venereal diſeaſe than to any other with which we are acquainted, but with this difference, that the former proves fatal in twenty-four hours, while the latter may continue for years.—It begins with a ſlight almoſt imperceptible pain, with a ſenſe of tenſion in the fauces, extending from behind the ears to the anterior part of the thorax, accompanied by ſhivering, cold, and nauſea, as in intermittent Fevers, but with little or no heat. In ſome caſes, in the beginning of the complaint, a greeniſh bilious matter is brought up by vomiting. The pulſe is weaker than natural. The neck is often ſwelled externally; and internally in the fauces, about the uvula and the muſcles of the pharynx, bullæ, or puſtules,

about

about the ſize of a filbert, are obſervable, which, however, are not accompanied with much pain. They often contain a yellow ichor, of a very diſagreeable ſmell. In other parts of the body alſo, as in the groins, between the thighs, about the pudenda, on the fingers, the lips, &c. ſimilar puſtules ariſe, from which an ichorous matter iſſues, whether the puſtules burſt ſpontaneouſly, or be opened by a lancet, which is ſometimes neceſſary, in order to prevent the ichor from injuring the ſkin, or ſubjacent parts. As the diſeaſe proceeds, on the ſecond, third, or fourth day, the puſtules in the fauces collapſe, and in their places whitiſh cruſts appear, a ſenſe of anxiety in the thorax is experienced, and the external tumor of the neck either begins to recede, or it encreaſes and degenerates into an abſceſs. If this abſceſs be immediately opened, the life of the patient will be preſerved; but, on the contrary, if a ſenſe of weight be perceived in the thorax before the ſwelling of the neck and the puſtules in the fauces have diſappeared, or the abſceſſes have been formed, the patient dies, as if ſuffocated by the burſting of an empyema."

"It is curious to obſerve, that perſons ſometimes die ſuddenly on the retropulſion of the matter of the puſtules, without any preceding ſuppuration.—The following are the uſual circumſtances obſervable, when the diſeaſe terminates favourably. Whenever it hap-

pens,

pens, that the poiſonous matter by ſome febrile action is driven from the fauces to the external parts of the body, the danger ceaſes. Thus the diſeaſe is terminated by abſceſſes in the inguinal or axillary glands, or in thoſe, which under the name of conglobate glands, begin behind the ears, and following the courſe of the jugular veins, deſcend into the thorax, and to the ſides of the aſpera arteria, and œſophagus, to the ſtomach, and to the lungs. Puſtules ariſing in other external parts, alſo afford relief. The fingers often are ſurrounded with a ſort of veſication, in which the whole of the poiſonous matter is collected, and thence at length expelled. This virus affects no parts of the body more than the above mentioned conglobate glands. It leaves the blood almoſt entirely untouched, but it ſo changes the lymph and ſerum, that the latter, after remaining a very ſhort time pent up in the glands, is changed into the matter of an abſceſs."

" The inhabitants of the diſtrict, where this virulent diſeaſe prevailed, are of opinion, that it derived its origin from the fogs which, about the end of the laſt winter, infeſted their whole country, and which are ſo unuſual at that ſeaſon. Their mode of living no doubt, renders them more ſuſceptible of this atmoſpheric poiſon. They indulge much in the uſe of ſpirituous liquors, ſuch as malt-ſpirit, cherry-brandy,

&c.

&c. and they are in the habit of eating a very fat and acrid kind of cheeſe."

" The mode of treatment which I adopted, with a view to cure this diſeaſe, was as follows. I ordered veneſection to the extent of from ten to fourteen ounces, in order that the matter abſorbed into the blood might be diminiſhed, the circulation rendered more free, and the fluids be determined from the center to the external ſurface. In ſome caſes, the bleeding was repeated on the ſecond day. After veneſection, a large bliſter was immediately applied to the ſinciput, and the neck was covered with bread and milk poultices, which were renewed about every ſecond hour, and at the ſame time the patient was ordered to take the following draught.

R. Oxymel. ſcillit.

——— helleborat. āā drach. ij

Mellis roſ.

Spir. nitri dulc. āā drach. j

Superbibatur alius hauſtus

R. Aq. Scordii unc. iij

Mixt. Simpl. s. camph. ſcrup. j

" After taking theſe medicines, the bed-clothes being properly arranged, the patient, in about a quarter of an hour, began to fall into a profuſe perſpiration, which I encouraged for four or ſix hours, by adminiſtering ſage-

ſage-tea, or milk whey. By this treatment, the patients, on the following day, found themſelves greatly relieved, the external tumours almoſt entirely diſappearing, together with the puſtules, which the day before had been ſo conſpicuous in the fauces. In order, however, to ſecure them from a return of the complaint, I preſcribed, on the following day, a reſolvent powder of ſal ammoniac and nitre, to be taken every three hours, in ſage-tea, of which large draughts were likewiſe afterwards to be adminiſtered, and in the evening I ordered a doſe of Theriaca Andromachi, with Aqua Scordii, by which means profuſe perſpirations were again induced. After health had thus been reſtored, I kept the bowels open conſtantly for ſome days, with a decoction of black hellebore, and Seidlitz ſalt."

"It frequently happened, however, that my aſſiſtance was not called for, till after the puſtules in the fauces had collapſed, and the ſubjacent fleſh had become corroded by the ichor, and the glands of the neck and thorax had ſuppurated. In ſuch caſes, I found it neceſſary to proceed in a different way, and to recommend that the tumors ſhould be ſoftened, and brought forwards, till they were fit to be opened, and that the external ulcers of the fauces ſhould be kept clean, by a gargle, conſiſting of a ſolution of the pow-

 der

der above-mentioned, by which means the healing procefs was beft promoted, where the lungs had not been corroded by the ichor."

"Thus, I flatter myfelf, I have accurately defcribed the nature of this difeafe, and have pointed out a method of cure, which, although I at firft employed it with anxiety and hefitation, I can now with pleafure recommend to all perfons labouring under the complaint, with the moft fanguine hope, that it will effect a fpeedy cure."

In the opinion of Dr. Langhans, this difeafe is without a parallel in medical writings, either antient, or modern. Sauvages, under the title Pemphigus caftrenfis, has quoted from M. Thierry *, an account of a contagious epidemic Fever, attended with vefications. I will infert his defcription of it, but muft at the fame time obferve, it is fo deficient and unfatisfactory, that the nature or character of the difeafe, cannot be decided upon with any degree of certainty.

Il régnoit en 1736 une maladie fort contagieufe a Prague: les refources et les reflexions le la facultè étoient epuifées. Toutes les methodes echoûoient contre la ferocitè du mal. Un grand praticien de cette

* Medicine experimentale, pag. 134. Paris, 1755.

ville,

ville, qui n'étoit pas plus avancè que les autres, confiderant un jour les véficules qui s'élevoient fur le peau (j'en ai vú auffi groffes que des noifettes), il trouva qu'elles reffembloient a celles que forment les véficatoires: il foupçonna que le ferment acre, qui dominoit dans les humeurs, pouvoit être du même caractère que celui que fourniffent les mouches cantharides. D'apres cette idée, il ordonna le vinaigre bézoardique a fes malades, et les fauva tous, tandis qu'il n'en echappoit prefque aucun entre les mains des autres médecins.

It feems proper here to mention the peftilential Pemphigus, or a fymptomatic appearance of bullæ and phlyctænæ, in peftilential Fever, a diftinct account of which may be found in Dr. Hodges's Hiftory of the Plague in 1666*, alfo in Barbette and Etmuller on the

* De Vesiculis Pestilentialibus, Anglicè, Blaines. Papulis his in vesiculam exurgere solenne erat cum dolore lancinante et exquisito, humore intùs seroso, seu ichore, coloris ut plurimùm citrini, et velut straminei, circulo diversicolori, pluries rubicundo, munitis & circumdatis. Pustulæ hæ in quàvis corporis parte emerserunt, quarum uti statio varia, ità eorum numerus omninò incertus,—in quibusdam paucæ, plures in aliis; unam sexûs sequioris vidi totam iis scatentem; quoad magnitudinem, nulla regula assignari poterat, vesiculæ enim plurimæ fabam minorem adæquabant quandoque tamen intumuerunt grandiusculæ nuci myristicæ haud impares. Liquor inclusus suppurationis omninò incapax erat, qui utpote salinus,

the Peſtilence †. This appearance differs from the veſicular eruption, which ſometimes precedes Carbuncles, as mentioned by Galen ‡ and by all the antient phyſicians, and lately deſcribed by Aſſalini §, &c.

Galen is of opinion, that the "Dreadful appearance of the Febres pemphigodes," mentioned by Hippocrates, conſiſted in an eruption of phlyctænæ, with ulcerations ||. As an inſtance, he quotes from Thucydides's Hiſtory of the Plague at Athens, a paſſage, where ſuch an eruption is particularly noticed **.—A ſimilar ap-

salinus, et fere causticus, post tantillam moram eruptâ vel corrosâ cysti effundebatur, cujus color nunc citrinus, nunc lividus, nunc nigerrimus: circulus insuper tuberculum ambiens, non semper unius faciei erat, inflammatio licet summa in principio hujusmodi eruptionis apparuerit. De Pest. Lond. pag. 120.

† Barbette, Tractat. de Peste; op. pag. 300. Etmull. Colleg. Pract. pag. 361.

‡ De Tum. præt. nat.

§ On the Plague, &c. See Dr. Neale's translation, pag. 54.

|| Δεινυς γὰρ ιδειν πεμφιγωδεας πυρέτυς ειρησθαι προσθεν ειπον εαν μετα φλυκταινων, και ἑλκωσεων γινονται.—The author of the "Medical Definitions" attributed to Galen, defines Febris emphysodes or pemphigodes, as follows: "It is a Fever, which by the intenseness of the heat, produces blisters (φλυκτιδας) in the mouth."

** Και το μεν εξωθεν ἁπτομενω σωμα, ὐτε αγαν θερμον ην, ὐτε χλωρον, αλλ' υπερυθον, πελιδνον, φλυκταιναις μικραις, και ἑλκεσιν εξηνθηκος.

appearance

pearance occurs, in ſome caſes of the Typhus or contagious malignant Fever, eſpecially during the ſummer. Veſications with a livid baſe, containing a blackiſh lymph, ariſe in ſucceſſion on the legs, feet, and arms. They are about the ſize of hazle-nuts, and uſually intermixed with patches of the Erythema fugax, (pag. 473), or with petechiæ and vibices. I have ſeen them on the fourth day of the fever, and obſerved, when they appear thus early, that the diſeaſe has always a fatal termination *.

3. The Pemphigus infantilis exhibits irregular oblong veſications or phlyctænæ, of a conſiderable ſize, and generally flattened at the top. They are at firſt ſmall and tranſparent, but as they enlarge, the fluid contained in them aſſumes a purpliſh hue, and finally becomes turbid, from a ſlight admixture of pus. They are alſo ſurrounded by an inflamed border of a livid red colour. This eruption ſometimes appears in infants two or three days after birth †, on the neck, and upper part of the breaſt, on the abdomen, the groin, the ſcrotum, and inner part of the thighs. When the fluid is diſcharged, after the veſications break, the ulcerated ſurface is not diſpoſed to heal, but ſpreads beyond its

* See Medical Commentaries for 1774, and Reports on Diseases in London, July 1794, pag. 107.

† In one case, it occurred ten months after birth.

original

original boundary, and becomes extremely painful. As the vesications arise one after another in different places, and are all succeeded by ulcerations, the disease continues with little remission, for several days,—generally till the patient expires under the complicated distress, arising from pain, loss of sleep, and violent fever.—The children thus affected, are often weak and emaciated, with a dry shrivelled skin. In the few cases which I have seen, the mode of treatment above recommended in the Erysipelas of new-born infants, was adopted, but with little success.

This complaint is ranked with the Herpes erysipelatosus seu volaticus infantum, in the Acta Natur. Curiosor.*, and by Dr. Buckner, Miscellanea Physico-Medico-Mathematica, Ann. 1727. It is properly described in the Commentaria Med. Lips. from Dr. C. J. Œhme's Dissertatio inauguralis, Lipsiæ 1773.

Inter vitia integumentorum Cl. Œhme contemplatur exanthema illud quod Germanis Schälblassen appellatur, et creberrimè in recens natis apparet. Sunt vesiculæ majores limpidam aquam continentes, quæ marginem inflammatoriam ostendunt. Apparent primò ad inguina, indè ad umbilici viciniam, axillas, et digitos deferuntur, et post tres quatuorve dies, exsiccatæ de-

* The case stated by Dr. J. R. Zuinger, vol. I. Obs. 81. differs, in some particulars, from the cases presented to my own observation.

cidunt

cidunt. Servant hæc exanthemata typum morbi quafi epidemici, ut uno annó frequentiùs & copiofiùs occurrant quam in altero.

The Pemphigus infantilis, though different in appearance, is certainly analogous to the Eryfipelas of infants, (pag. 503), and feems to originate from the fame caufes.

The Pemphigus Indicus, of which Sauvages has taken his idea from Bontius, De Epidemiis in Indiâ morbis, Obf. 3. was merely a fymptomatic eruption of phlyctænæ in the malignant Dyfentery, accompanied with petechiæ and gangrenous ulcers *. In the fame place, he improperly cites Morton's Pyretologia, (Appendix, pag. ult.) as referring to a fimilar eruption of vefìcles, in the Fever of the year 1691, which was attended with diarrhœa, or a flight dyfentery. Dr. Morton, however, feems to exprefs, by the terms Veficulæ

* Rev. ac doctiss. vir Joannes Cavallerius, circà idem tempus correptus est Febre ardente, superveniente Dysenteriâ atrabiliariâ, quæ cum per aliquot dies continuasset, eruperunt sub axillis, in tergo circà lumbos, et inguinibus, etiam in collo, pustulæ ac vesicæ quædam, plenæ ac distentæ pure viridi, et subjectam cutem ad carnem usque erodente, quæ nobis primâ facie spem criseos faciebant; sed Dysenteriâ non cessante, nec febre, cum phrenitide ingravescente, probissimus simul et doctissimus juvenis ex hac vitâ ad cœlos raptus est.

aqueæ,

aqueæ, a miliary eruption ſcattered over the neck and breaſt, in ſome caſes, at the latter end of the diſeaſe.

The eruption of Hydroa or Hydatides, mentioned by Carol. Piſo, Obſ. 147-150, pag. 439, has been likewiſe termed Pemphigus, by Sauvages and others, but it was evidently nothing more than a ſymptomatic appearance of miliary veſicles, which occurred in the laſt ſtage of a Fever (Synochus putris), and which terminated by deſquamation, not, according to the account of Pemphigus, by ſcabs, or extenſive excoriations.

Sauvages's fifth ſpecies, Pemphigus Braſilienſis, is ſaid to be produced by handling the Coluber bicephalus, either alive or dead; but we might as reaſonably aſſign a place in noſology, to the appearance excited by rubbing the ſkin with the Meloë veſicatorius *, or with the ſhell of the caſhew nut.

A caſe in the Act. Nat. Cur. vol. IX. Obſ. 18. entitled

* This has been occasionally done, and with a striking effect, by persons who wished to attract attention, and to benefit by the commiseration they excited. Some time ago, a woman applied to Dr. Meyer for medical advice and assistance, and shewed on her arms, &c. an extensive eruption of bullæ, of the size of hazle-nuts. Her account not being very consistent, some suspicion arose, and, on the second or third visit, she was betrayed by the shining particles of cantharides, which, on a close examination, were observable in the furrows of the skin.

titled

titled Febris acuta, vesiculoso-erysipelacea, has also been considered as a case of Pemphigus; but, on closely attending to the symptoms *, we shall find that the disease was the Scarlatina anginosa, and that the vesicular appearance was nothing more than the symptomatic eruption described above, pages 258, 278.

The cases stated in the first volume of Medical Facts and Observations, (pag. 205), by Mr. R. B. Blagden, do not agree with other accounts of the Pemphigus: I am inclined to think the disease described was the Swine-pox, entitled by Sauvages, after Cusson, Hydrachnis, and by other writers Chrystalli, Variolæ spuriæ, Variolæ aqueæ or lymphaticæ, Varicella, &c. Some of the vesications, in this complaint, increase to a considerable size, and they are often succeeded by ulcerations, and cicatrices or pits, as Mr. Blagden has mentioned. The appellation he has given to it, is countenanced by Dr. Frank, who denominates the Swine-pox, Pemphigus variolodes.

On concluding the account of Pemphigus as given by

* Insignis in totâ corporis superficie rubor—deglutitio difficilis—mox inflammatio et suppuratio in ore et faucibus,—delirium summum,—plenaria virium prostratio, &c. &c. pag. 57.—Sexto morbi die, multæ vesiculæ in toto corpore, imprimis circà digitos manuum pedumque, adparebant, quæ forfice apertæ purulentam tenuem materiam fundebant, cuticulâ deindè squamularum more secedente, &c. pag. 58.

 medical

medical authors, I take the liberty of propofing the following queries:

1. Whether the cafe quoted from Seliger (page 524), is not a cafe of the Eryfipelas phlegmonodes, with fome incidental variations*?

2. Whether in the cafes quoted from Sauvages and Thierry, and from the Tranfactions of the R. Irifh Academy (pag. 527), the eruption was not fymptomatic, and connected with the Typhus or peftilential Fever, in the manner ftated, pag. 535-7?

3. Whether the difeafe defcribed by Dr. Langhans was not rather endemic than epidemic or contagious †, and

* Compare the case in Schenckii Obs. Med. pag. 771. Another case in the Acta Soc. Reg. Med. Hauniensis, vol. I. has been quoted as a case of Pemphigus, although the author himself, Dr. Gulbrand, termed the disease he described, Erysipelas vesiculosum.

† No mention being made of this disease in the succeeding volumes of the Acta Helvetica, or by any other author, we have not the means of reconciling Dr. Langhans's contradictory account of it. In the first paragraph, he informs us the disease was universally fatal: Per totam æstatem, æquali vehementiâ, duravit, ità ut omnes, qui eo corripiebantur, obierint. In the second paragraph, he compares it to the Lues venerea, noticing, however, one striking difference,—that it proved mortal in less than twenty-four hours. Notwithstanding these unqualified observations, he enumerates, in the succeeding page, the usual, and favourable modes, in which the disease terminated—Ordinarii ac salutares morbi exitus, quibus ægri ab omni malo liberari solent. He also says, that, in many cases, his attendance was not requested, till the vesicles in the throat were collapsed, and the glands had suppurated, circumstances which, according to

and referable to ſome local cauſe, like the Mal des Ardens, &c. as mentioned above, pag. 499, note?

Not having been able to procure the Amœnitates Medicæ, to which Sauvages refers, I do not poſſeſs all the evidences reſpecting the exiſtence of the Febris bulloſa or Pemphigus, and cannot, therefore, properly give a definitive opinion upon it. I muſt, however, obſerve, that if the Pemphigus had ever exiſted in Europe, according to the noſological definition of it *, as an idiopathic, epidemical, and contagious diſeaſe, like the Peſtilence, Small-pox, or Scarlatina, it could not now have afforded us a ſubject of controverſy.

to his own statement, took place on the second, third, or fourth day of the disease (prout morbus incepit): see above pag. 530, 533.—Dr. L.'s account of the causes, is likewise unsatisfactory. If thick fogs, cherry-brandy, whiskey, and rancid cheese, could produce so singular a disorder, we should long ago have had reason to lament its existence and devastation in the British Isles.—Respecting the treatment, medical readers cannot fail to remark how inadequate the plan proposed by Dr. Langhans would be to arrest the progress of a contagious Fever, so virulent, and so fatal, as that which he has described.

* PEMPHIGUS. Typhus contagiosa; primo, secundo vel tertio morbi die, in variis partibus, Vesiculæ, avellanæ magnitudine, per plures dies manentes, tandem ichorem tenuem fundentes. CULLEN.

MORTA. Phlyctænæ aliquot in abdomine, sive artubus, magnitudine avellanæ:—Febris diaria, malignissima, funestissima. LINN.

ORDER IV.

III. POMPHOLYX.

THE POMPHOLYX is an eruption of Bullæ, (pag. 485), without any inflammation round them, and without fever *. This complaint is termed by Sauvages Pemphigus ſine pyrexiâ, and by Plenk, Pemphigus apyretos; but as it differs in the moſt material points from Eryſipelas, and from the Pemphigus deſcribed by Noſologiſts, I have applied to it a new generic title.—The terms Pomphos and Pompholyx, originally ſignified an air-bubble, but were afterwards employed in medical language, to expreſs reddiſh and rounded elevations of the cuticle, containing a watery fluid †. Pemphix, from whence is derived the word Pemphigus, denoted a ſmall veſicle or Phlyctæna ‡.

* See Plater, De Phlyctænis, tom. II. p. 673.

† Επαναςασεις τε δερματος οχθωδεις τε αμα και πλαδαραι, και ενερευθεις. Galen Exeges. And. Lib. 2. De Mulier.

‡ See Galen Comment. 6. in Epidem. Lib. 1.

I propoſe to conſider three varieties of the Pompholyx; Pompholyx benignus, Pompholyx diutinus, and Pompholyx ſolitarius.

1. The Pompholyx benignus exhibits diſtinct tranſparent bullæ, of about the ſize of a pea, or, in ſome caſes, as large as a hazel nut. Theſe appear, in ſucceſſion, on the legs, arms, chin, temples, or cheeks, and break in three or four days, diſcharging the lymph * they had contained. The excoriations preſently heal, and the cuticle is reſtored, without a pit or cicatrix. This eruption, which is not attended with any manifeſt diſorder of the conſtitution, ariſes from very different cauſes. Boys are ſometimes affected with it for a week or two in hot weather. I have known it occur, in the ſame perſon, three times during one ſummer. A ſimilar appearance has been obſerved in ſome young perſons of an irritable conſtitution, after taking a few grains of mercury; in others, the eruption has been produced by the action of acrid vegetable ſubſtances on the ſtomach.—Infants are often affected with the Pompholyx benignus during the period of dentition: the bullæ generally appear on the face, thighs, arms, and ſides of the abdomen,

* According to Mr. Gaitskell's experiments, "the fluid contained in the vesicles of Pompholyx is less saline, and contains a less proportion of coagulable lymph than the serum of the blood, there being only two grains of coagulum in thirty-two grains of the vesicular fluid." Mem. of the Med. Soc. of London, vol. IV. art. 1.

and

and are ſoon removed, without any diſagreeable conſequence*.—An eruption of the ſame kind has been obſerved, in a few inſtances, after Vaccine Inoculation †. This might be owing to the application of dried matter, which had undergone ſome change in it's conveyance from one place to another, for no ſuch eruption, ſo far as I can learn, has occurred in London, where recent fluid is generally employed.

2. The POMPHOLYX DIUTINUS, is a tedious and painful diſorder, chiefly affecting perſons of a debilitated conſtitution, and particularly ſevere in thoſe who are of an advanced age. It commences with nu-

* Foresti Obs. Chirurg. 8. Lib. II. Lond. Med. Journal, vol. XI. pag. 234.

Dr. Underwood remarks, "that this eruption takes place both in bowel complaints and teething." On the Diseases of Children, vol. I.

"I have often seen what I suppose to be a milder form of the Pemphigus infantilis, above described. Solitary vesications arise in different parts, chiefly about the neck, and fingers, and on the inside of the thighs. These are filled with a thin yellowish fluid; the edges of the base appear reddish, but the redness extends a very little way from the blister. When the vesication is broken, the surface underneath appears red, but does not ulcerate extensively. Children thus affected, are sometimes pale and languid, but they do not appear to suffer much pain. A cordial plan of treatment usually restores them to health." DR. JOHN SIMS.

† See Appendix to the Treatise on this subject, pag. xii. Also the Rapport du Comitè central de la Vaccine a Paris.

merous

merous bullæ or veſications on the face and arms, and is diffuſed, by a gradual progreſſion, to the neck and breaſts, and round the body, to the groins, thighs, and legs, and ſometimes to the tongue, fauces, and the inſide of the cheeks *. The veſications ſeem to ariſe from red tingling elevations of the cuticle, nearly reſembling the larger ſort of papulæ †, (ſee pag. 73): within twenty-four hours they are of the ſize of a pea, and perfectly tranſparent, but if permitted to dilate, they afterwards become as large as a walnut, ſometimes aſſuming a yellowiſh hue. If the fluid be diſcharged from any of them by a ſmall orifice, they are again filled with lymph during the ſucceeding night. When the veſications are rubbed off, or otherwiſe removed prematurely, the excoriated ſurface is extremely ſore and inflamed, and does not heal for a conſiderable time. Ulcerations of this kind being multiplied as the diſeaſe advances, a ſlight

* Occupant quoque pustulæ, nasi, oris, et faucium, interiora. Hoffmann, Suppl. II. 489.

† PL. XXXIII. Fig. 1. A. represents this papulated appearance.

B. B. The Bullæ or Vesications full and transparent.

C. A Vesication beginning to turn yellow.

D. D. Vesications on the decline.

E. E. Broken Vesications somewhat inflamed.

S. The Scab beginning to form on the excoriated surface.

Fig. 2. represents an appearance of the Pompholyx, sometimes connected with the Prurigo formicans; see below, pag. 551.

febrile

febrile paroxyſm occurs every night, and the patinet ſuffers much from pain, loſs of ſleep, and confinement. Since the bullæ or veſications ariſe in ſucceſſion upon different parts of the body, and often re-appear on the parts firſt affected, we are not able, at the beginning of the complaint, to judge, with any degree of certainty, what will be the extent or duration of it. In ſome caſes under my own obſervation, it continued two months, in others three, or four, or even five months, ſo that the whole number of bullæ, amounted to ſeveral thouſands. After a ceſſation of ſome weeks, or months, the eruption frequently returned again, and proceeded in the ſame manner as before.

In a man aged forty-ſix, the veſications firſt appeared on the ſcrotum and about the groins, during the month of October, 1789: the eruption afterwards extended to other parts of the body, and to the tongue: it was removed in about two months. He continued free from the complaint till February, 1790, when a few veſications appeared on his wriſts; others aroſe on his arms, neck, ſides, ſcrotum, and lower extremities. Thoſe on the legs were ſlightly inflamed, and their contents became turbid from an admixture of pus: the reſt were pellucid, and without any redneſs or inflammation round them. The diſorder continued nearly three months: after it had diſappeared, the patient enjoyed good health,

but

but he was again affected with the eruption, at the latter end of June, in the year 1790.

In a widow, aged thirty-eight, the vesications began to appear on the cheeks and round the eyes, at the latter end of December, 1786. About the middle of January 1787, the eruption took place on her neck and breasts, and afterwards affected successively the shoulders, arms, back, and lower extremities. The vesications then arose from time to time, on different parts, without any regular order; some of them, which were nearly an inch in diameter, were succeeded by large painful ulcerations. The complaint wholly disappeared in April, but returned again on the 12th of May, and continued for about a month.

The Pompholyx diutinus is usually preceded, for several weeks, by sickness, headach, and pains of the limbs, with a sensation of languor and lassitude. These symptoms do not always abate, on the appearance of the vesications.—The causes of this disease, or the circumstances under which it appears, are not uniform. In some of the cases presented to my own observation, it was imputed to fatigue, anxiety, watching, and low diet: in others, it seemed referable to intemperance in eating, and excess in drinking spirituous liquors *. A young

* Hoffmann gives, at great length, the case of a lady, aged fifty, " of the Sanguineo-choleric temperament", in whom the disease recurred four times,

young woman was ſeverely and repeatedly affected with it, during five ſucceſſive ſummers, from the age of 18 to that of 24. The only peculiarity in her caſe was, that the catamenia had never appeared.

Eugalenus deſcribes the Pompholyx diutinus as a ſpecies of Dropſy, (Hydrops veſicalis), connected with Scurvy *. Caſes are alſo related in the Acta Nat. Cur. which prove the frequent coincidence of the Pompho-

times, through passion and intemperance. 1. From drinking largely ("cum summo appetitu et delectatione") of elicampane wine. 2. By eating too much fruit, &c. and by fits of anger. 3. By taking large draughts of cold water, in order to refresh herself after a paroxysm of rage ("cùm vehementi irâ excandesceret"). 4. By again indulging her inveterate habits, "post errores in diætâ rursùm commissos, animique commotiones", &c. &c.

On the two first attacks, the disease continued a month, many fresh vesications appearing every evening, with symptoms of Fever. They differed, in magnitude, from the size of a bean to that of a hen's egg. Some of them, which had become confluent, resembled the small intestines when in an inflated state: others contained lymph of a greenish or livid colour, and were succeeded by spreading ulcerations. All of them, according to the patient's account, began to rise with a hissing noise (cum sibilo). De affectu raro Scorbutico Pustulari, ed. ann. 1704.

* Vulgus nostras, a vesicarum prominentium formâ, *bonk-water* appelvat . . . . Hâc Hydropis specie plures apud nos corripiuntur, imprimìs lerò qui malâ victûs ratione utuntur, aquisque nostris putridis, crudis, et corruptis, vel cerevisiis ab iis decoctis. De Scorbuto, Obs. xx.

lyx diutinus with Purpura, and Anafarca or general Dropfy *.

In the Memoirs of the Medical Society of London, vol. III.†, we have an account of the cafe of a lady who, in the fifth month of pregnancy, was affected with the Pompholyx on her arms, hands, and chest, and in the throat, &c. She had previoufly undergone much fatigue and anxiety, the confequences of which were, great languor, with lofs of appetite, headach, and an uterine hæmorrhage. Within two months, fhe recovered her health and ftrength in fome degree, but during the latter ftage of her pregnancy, fhe had a general fwelling of the body and lower extremities.

In a cafe recorded by Dr. D. Stewart ‡, this difeafe appeared on a young foldier, foon after a fudden retropulfion of the Meafles, occafioned by expofure to cold

* A. N. C. vol. VIII. pag. 19. De universali humorum dyscrasiâ Scorbuticâ, gravissimis et planè insolitis symptomatibus stipatà, ex abusu spirituosorum, et fœculentorum, prognata. By J. de Boetticher.

Vol. X. Obs. 76. pag. 260. De peculiari quâdam Febris malignæ, catarrhalis, exanthematicæ, purpuraceo-pustularis specie, vesicali ulcerosæ. By O. F. W. Frentzel.

This disease continued five or six weeks.

† Appendix; case of Pemphigus, by J. Upton.

‡ Medical Commentaries, vol. VI. History of a case of the Pemphigus major of Sauvages, by Dr. David Stewart, physician in Aberdeen.

while he was marching to Aberdeen. He was at the ſame time affected with great laſſitude, and ſtiffneſs of the joints, headach, thirſt, nauſea, difficulty of ſwallowing, coſtiveneſs, and a ſenſe of oppreſſion about the cheſt: his tongue was foul, his pulſe from 110 to 120, his eyes dull and languid, but he was not delirious. The bullæ or veſications were diffuſed over the whole ſurface of the body, the diſtance from one to another being, in ſome places, half an inch, in others, three or four inches: there was not any redneſs round their baſes.—With proper care and attention in the Hoſpital of Aberdeen, from the 15th to the 27th of April, the complaints of this young man were removed, and he was enabled to return to his duty.

The deſcription of the caſes of Pemphigus given by Mr. Chriſtie *, and Mr. Gaitſkell †, does not differ from the foregoing account of Pompholyx, (pag. 546, &c.) The patients, who had been engaged in laborious occupations, were affected with the eruption for ſeveral ſucceſſive weeks.

An eruption, reſembling the Pompholyx diutinus, appears in ſome caſes of the Prurigo formicans and ſeni-

* London Medical Journal, vol. X. Part IV.

† Memoirs of the Medical Society of London, vol. IV. Mr. G. aſcertained that this diſeaſe is not communicable by inoculation.

lis,

lis, and greatly aggravates the ſymptoms of thoſe complaints; (pag. 72, 80.) The bullæ are of about the ſize of a pea, as repreſented PL. XXXIII. Fig. 2.* A ſimilar eruption may alſo be occaſionally obſerved in the ſcaly Tetter †, (Pſoriaſis diffuſa, &c.) and even in that ſpecies of it, with which waſher-women are affected, from the irritation of ſoap; (pag. 160.)—But the Pompholyx occurs in it's moſt extenſive and diſtreſſing form in perſons at an advanced age, when the ſkin becomes dry and rigid, and when perſpiration is conſiderably diminiſhed. Under theſe circumſtances, the veſications are numerous, and ſome of them are diſtended with clear lymph the ſize of a turkey's egg: others appear livid or black, and when they are broken, the excoriated ſurface seems to be in a state of mortification. I have not, however, in any caſe, ſeen this appearance ſucceeded by actual gangrene, or deep ulcer-

* An appearance, somewhat similar, is produced by the bites of bugs. The bullæ, however, are mostly elevated upon small tumors, or wheals such as those represented, PL. XXXI. Fig. 3.

† A case, in which the Pompholyx (especes d'Ampoules, remplies de serositè, &c.) supervened to a scaly disease of the skin (Psoriasis inveterata? pag. 171), is related at large, in the Journal de Physique, tom II. pag. 2 — Observations par Mons. de la Motte, Médecin de Bourdeaux, sur une maladie singulière de l'Epiderme, 1775.

An eruption of bullæ, as well as the pustules mentioned p. 200, sometimes takes place in Icthyosis.

ation:

ation: but ſuch conſequences of the diſeaſe are noticed by authors *.—Many freſh veſications daily ariſe, with a ſenſation of heat and tingling in the ſkin; and even the cuticle, which has been formed over recent excoriations, is, in many places, ſoon raiſed again by lymph effuſed under it. The patient thus ſuffers nearly as much as if bliſters were applied in ſucceſſion to different parts of the body, and from time to time repeated.—This painful affection continues in ſome caſes, for five or ſix weeks, in others, for as many months. When very reſtringent lotions, or ointments, are applied ſo as to ſuppreſs the eruption, ſome internal diſorder uſually follows, as headach, pain of the ſtomach and bowels, bilious vomiting or diarrhœa, with ſymptoms of fever.—In caſes where nothing of this kind has occurred, the eruption ſometimes terminates in another form of diſeaſe,—by

* Humor virulentus (a bullis majoribus missus) cutim substratam, a quâ cuticula secesserat, ulceratione et corruptione arrodebat, non sine fœtore. Prætereà aliæ minores pustulæ, sub-obscuri nigri coloris, sanguine concreto refertæ, hinc indè dispersæ in abdominis regione, visebantur, quæ sphacelosam corruptionem minabantur. HOFFMANN.

J. Boschius, vir patricius, octagenario proximus, repentè aliquot hujusmodi ampullis, variis in corporis partibus, sine febre, correptus est. Ruptâ epidermide, plaga subter, primum rubra, dein livida, et nigricans apparuit. His, sine alio symptomate, intrà quatuor vel quinque dies, paulatim extinctus est. Burserius, De Pemphigo.—Compare the case, entitled Pemphigus, by Dr. Miroglio, Journal de Médecine, tom. 81.

ſwelling and inflammation about the larger joints, or by nodes, incurvation, and ſtiffneſs, of the ſmaller articulations.

A few caſes of Pompholyx in old age, have been ſtated to me, in which a cure was obtained by the adminiſtration of ſulphur and nitre, Peruvian-Bark, or Plummer's Pill, with the decoction of Sarſaparilla, Dulcamara, Elm-bark, &c. After repeated trials of theſe medicines, I have not been fortunate enough to obſerve any permanent advantage from them. According to my own experience, the warm-bath, uſed every ſecond day, affords a more immediate alleviation of the ſymptoms, and contributes more to remove the diſeaſe, than any other application. It is, however, ſingular that this remedy does not prove of equal advantage to young perſons affected with the Pompholyx. In ſome inſtances, it has aggravated the tingling in the ſkin, and appeared to increaſe the eruption. The diſeaſe is ſeldom very ſevere at an early period of life. In children, or in perſons under forty years of age, I have ſeen it generally removed, within three weeks, by Peruvian bark combined with diuretics, eſpecially with the powder or tincture of Digitalis.

3. Pompholyx solitarius. In this form of the diſeaſe, large veſications ariſe, on ſome part of the body, one after another, at nearly equal intervals of time. A diſagreeable

difagreeable tingling is felt, for feveral hours before the vefication arifes, which is ufually in the night. It enlarges rapidly, fo as fometimes to contain, on the following day, a teacupful of lymph. Within forty-eight hours, the cuticle breaks, the lymph is difcharged, and a fuperficial ulceration remains. Near this, another vefication arifes in a day or two, and goes through the fame procefs as the firft. A third, fourth, fifth, and fixth vefication will fometimes appear, and proceed in like manner.

The Pompholyx folitarius is attended with ficknefs and languor, though not with fever. It is a difeafe which rarely occurs, and feems only to affect women. I have feen three cafes of it: in one, the left arm was affected, in the other two, the breafts. The excoriations occafioned pain and irritation, with partial hardnefs in the fubftance of the breaft *. Peruvian-Bark was given with evident advantage. Poultices made with linfeed powder were firft applied to the fores, and afterwards light dreffings. The complaint was thus removed in eight or ten days, but, in one cafe, it appeared again at the end of a fortnight, the patient having expofed herfelf to a ftream of cold air, when over-heated by labour.

* Professor Lorry has remarked, that vesications of this kind portend Cancer. De Morb. Cut. Art. ii. Part 2.

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Bloomsbury-Square, 1st March 1808.

Definitions page 12.

London, Published Oct. 1. 1796. by J. Johnson, St. Paul's Church Yard.

Strophulus intertinctus

London Published Octr 1 1796 by J. Johnson St. Paul's Ch. Yd.

Strophulus albidus

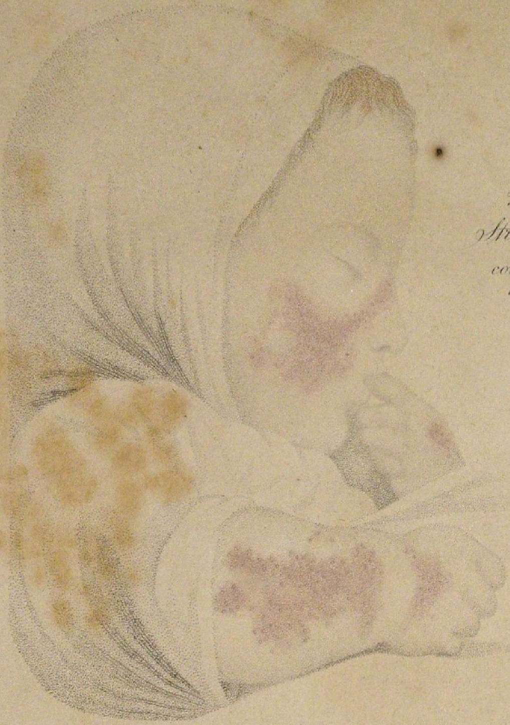

Fig. 1.
Strophulus confertus.

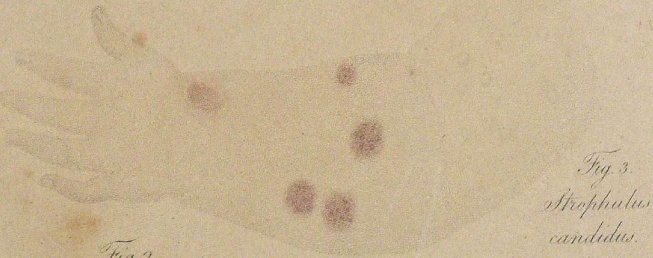

Fig. 3.
Strophulus candidus.

Fig. 2.
Strophulus volaticus.

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Fig. 1. Lichen simplex.

Fig. 2. Lichen agrius.

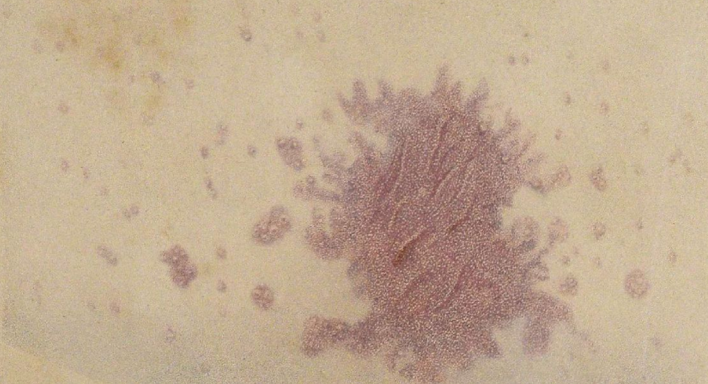

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Fig. 1. Lichen pilaris

Fig. 2. Lichen lividus

Fig. 3. Lichen circumscriptus

Fig. 4. Lichen Syphiliticus

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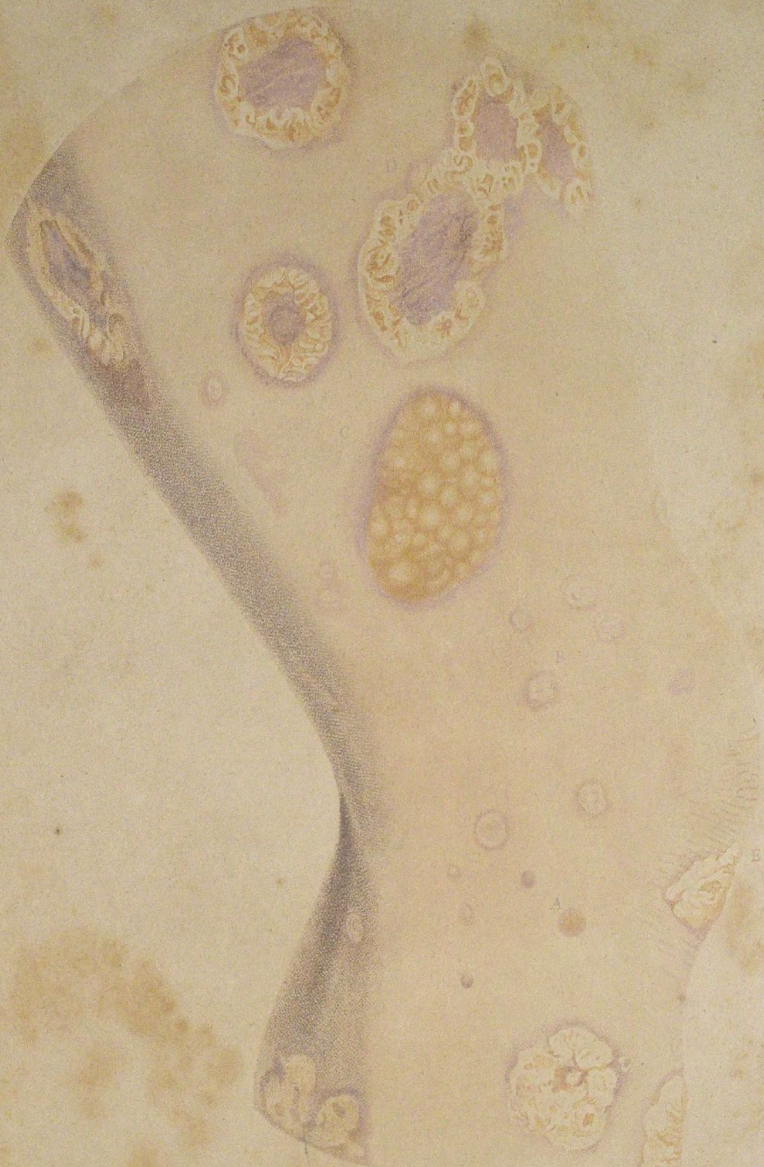


Lepra Vulgaris.

London Published May 1st 1796 by J. Johnson St Pauls Church Yard.

Plate IX.

Fig. 1.

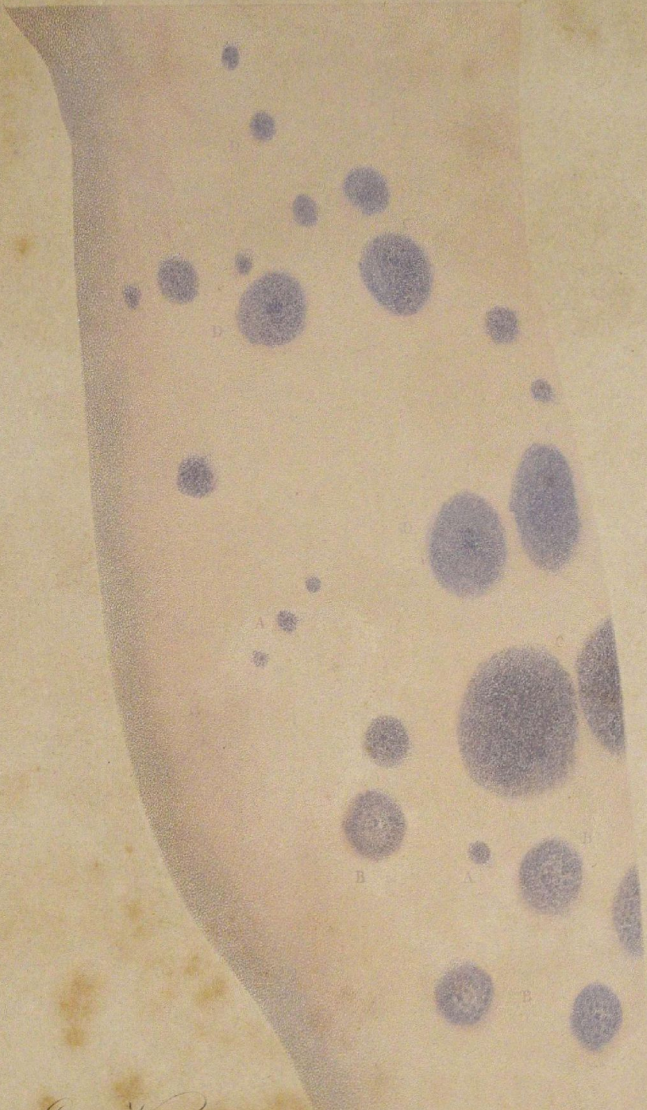
Lepra Alphos.

Fig. 2.

Lepra nigricans.

W. Darton del.

London, Published Novr. 5. 1798. by J. Johnson, St. Pauls Church Yard.

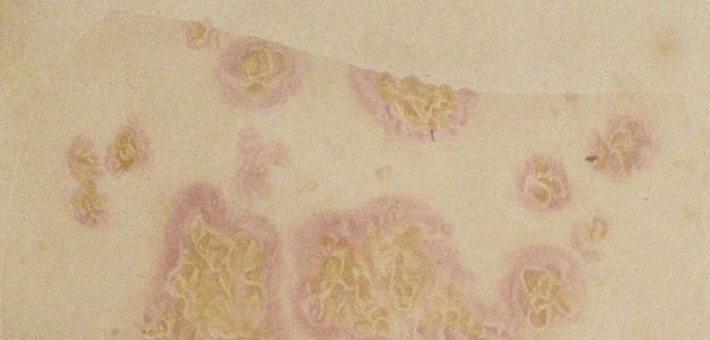


Lepra Venerea.

Perry del. & sculp.

London, Published May 1. 1799 by J. Johnson S.t Pauls Church Yard.

Psoriasis guttata



Syd Edwards del.

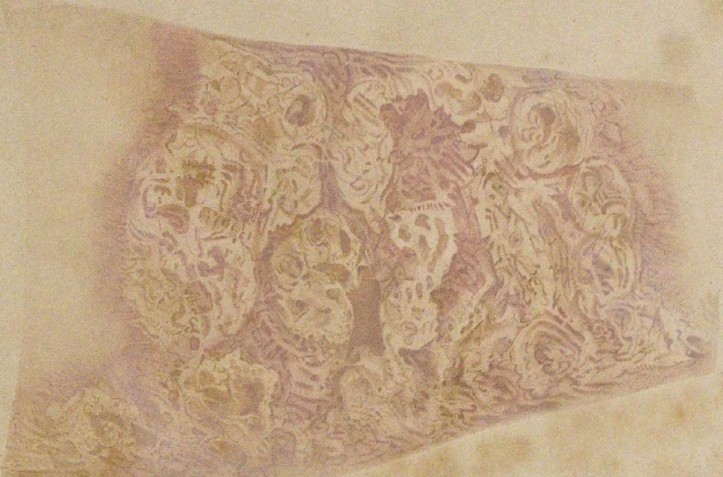
Psoriasis diffusa, in seperate patches.

London: Published May 1st 1798 by J. Johnson, St Pauls Church Yard.

Psoriasis diffusa

Fig. 1.

Fig. 2



Psoriasis diffusa; peculiar to Washer Women.

London, Published May 1st 1798 by J. Johnson St. Pauls Church Yard.

Psoriasis inveterata.

Fig. 2.

Fig. 1.

Psoriasis diffusa _ peculiar to Bakers.

London; Published Aug. 1st 1798, by J. Johnson St. Pauls Church Yard.

Psoriasis gyrata.

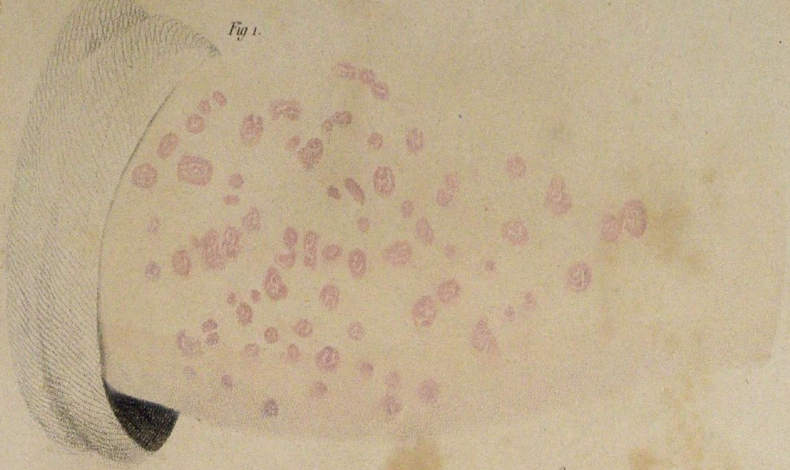
London Published May 1st 1798 by J. Johnson, St Pauls Church Yard.

W.T. Strutt del.

Psoriasis palmaria.

London Published Augt 1 1798 by J. Johnson St Pauls Church Yard.

Fig 1.



Psoriasis guttata (Syphilitic)

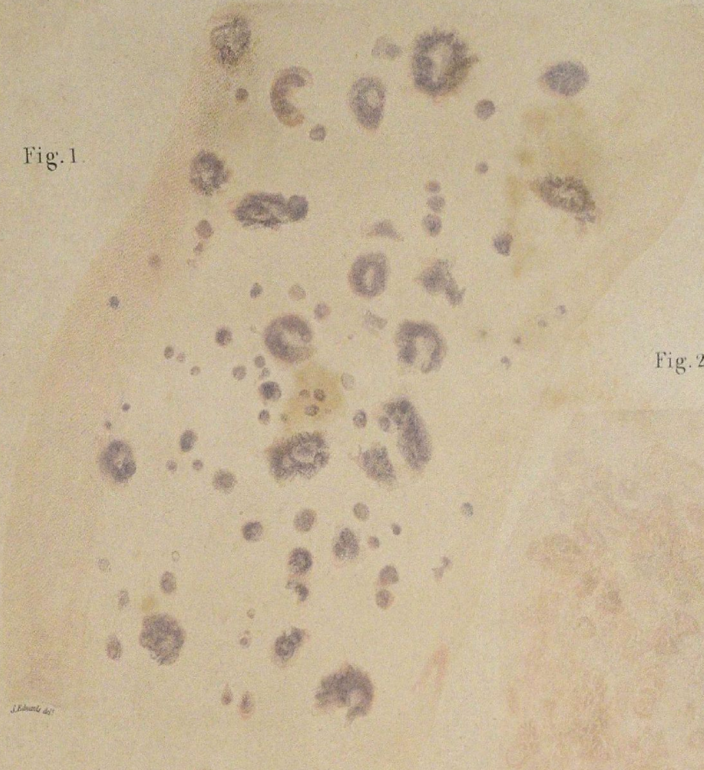
Fig. 2.

Psoriasis diffusa (Syphilitic)

London: Published Feb.ʸ 15.ᵗʰ 1799. by J. Johnson S.ᵗ Pauls Church Yard.

Pl. XVI. *

Fig. 1.



S. Edwards del.

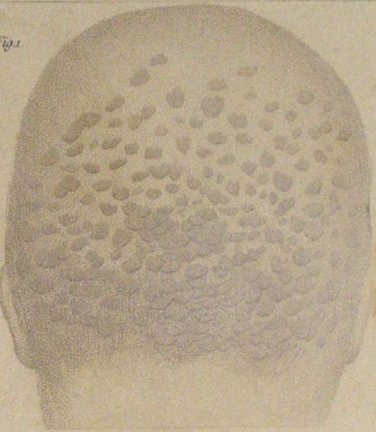
Syphilitic form of the Psoriasis gyrata.

Fig. 2.

Psoriasis Infantilis.

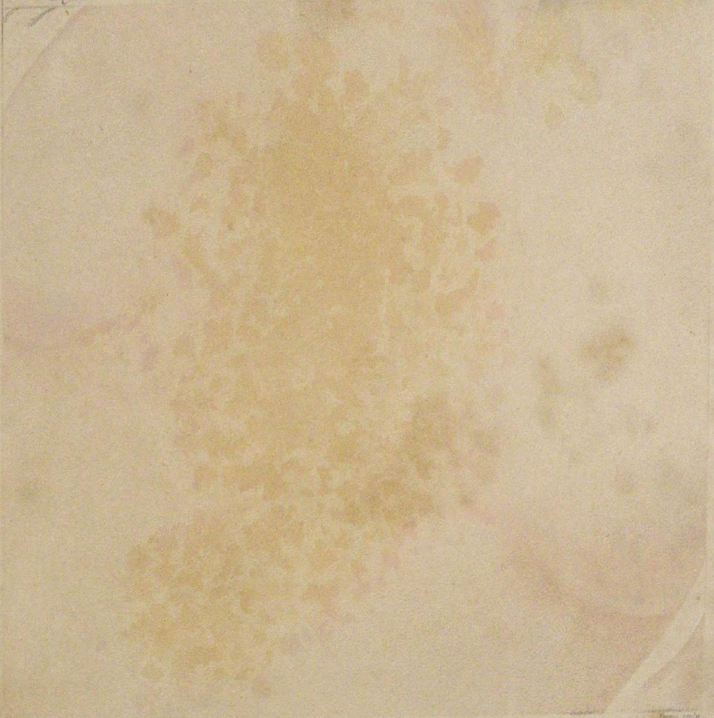
PL. XVII.

Fig. 1.



Pityriasis

Fig. 2.



Syd. Edwards del. Perry sculp.

London Published [illegible] by J. Johnson St. Pauls Church Yard.

PL. XVIII.

Icthyosis Simplex.

W. Darton, del.

London Published May 1st 1798 by J. Johnson St. Pauls Church Yard.

Icthyosis cruris.

London Published May 1 1798 by J. Johnson S.t Pauls Church Yard

Rubeola vulgaris

Strutt del. London, Pub. Nov. 1. 180[illegible] by J. Johnson, St. Paul's Church Yard [illegible] sculp.

Rubeola sine catarrho

Rubeola nigra

Fig. 1

Fig. 2

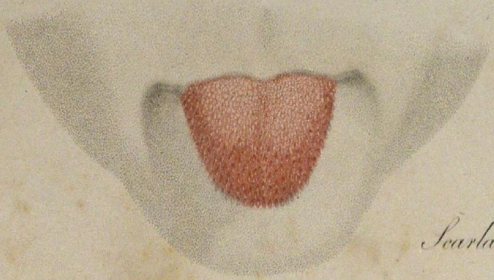
Appearance of the Rubeola vulgaris on its decline

Pratt del. London, Pub. Nov. 1 1824, by J. Johnson, St. Pauls Church Yard. Cullier sculp.

Scarlatina simplex

Strutt del.
London: Pub. Nov. 1. 1804, by J. Johnson, St. Pauls, Church Yard.
Sailliar sculp.

Fig. 1



Scarlatina Anginosa

Fig. 2

Fig. 3

Scarlatina maligna.

Fig. 1.
Urticaria evanida

Syd. Edwards delin.

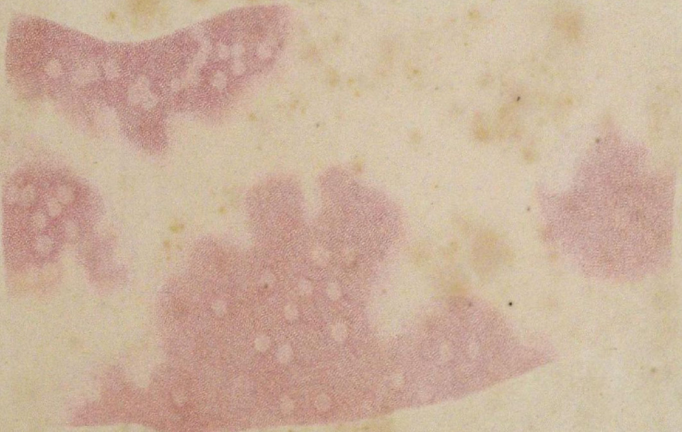


Fig. 2. Urticaria febrilis

Roseola æstiva

Fig 1.

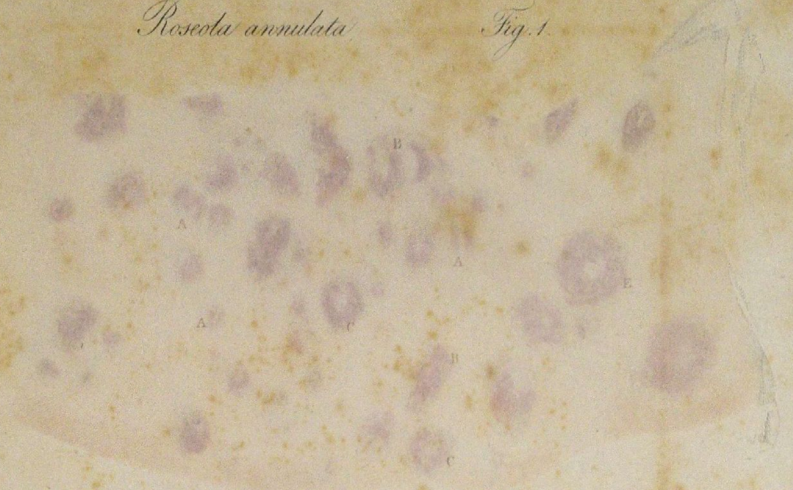
Fig 2.

Roseola autumnalis

Strutt delin.

London, Published by J. Johnson, St Paul's Ch. Yd. July 1 1807.

Roseola annulata Fig. 1.



Roseola infantilis Fig. 2.

J. Saillier. sculp^t.

R.W. delin^t. London Published by J. Johnson S^t. Pauls Ch. Y^d. July 1. 1807.

3. *Roseola vaccina*

Fig. 1

Fig. 2.

Roseola variolosa

London Published by J. Johnson St Pauls Ch. Yd. July 1. 1807.

Purpura simplex

Fig. 1.

Fig. 2.

Purpura hæmorrhagica

…itt delint.

London, Published by J. Johnson, St. Paul's Ch. Yd. July

Petechiæ

Fig. 1.

Purpura urticans

Fig. 2.

Fig. 3.

London, Published by J. Johnson St Paul's Ch. Yd. July 1. 1807.

PL. XXXI.

Erythema pupulatum

Fig. 1.

Fig. 2.

Erythema tuberculatum

Strutt delin.t

London Published by J. Johnson S.t Pauls Ch. Yd. July 1. 1807.

Erythema nodosum

Erythema papulatum Syph.

London Published by J. Johnson St Paul's Ch. Yd

Fig 1. Pompholyx diutinus

Fig. 2 Pompholyx pruriginosus.